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## EDITORIAL COMMENT

### THE NEW YEAR

This new year of 1915 will be epoch-making in the history of nursing. Never before, since Florence Nightingale went to the Crimea, have nurses been so in the lime-light as they are in consequence of this great European conflict. If the nurses of all the nations concerned and especially those of our own country who are serving in any way whatever in any of the affected areas, conduct themselves according to the highest ideals of nursing, the importance of the trained woman to society will be demonstrated in such a manner that fuller professional and social recognition will be awarded her than years of peace conditions would bring. Out of this terrible conflict, in which nurses are bearing their full share of the burden, with physicians and soldiers, there may come an acknowledgment of the work, not only of those who are serving now but of those who have labored to bring nursing to its present status.

To all of our associates of every nation who are actively engaged in war relief work, we send greetings for the new year, knowing that with whatever hardships their days may be filled they go to rest with the sense of satisfaction that comes only with the consciousness of duty well performed.

### ENFORCING EDUCATIONAL STANDARDS

State registration is regulating many things in the training school that have long needed supervision and improvement but there are still many schools that are deficient in organization and in a well-regulated curriculum. While most schools coming under a state law make an effort to comply with its requirements, there are others that comply

on paper but do not follow these regulations in the carrying out of the daily routine.

In consideration of the young pupil, the girl of eighteen or nineteen, it seems unnecessary to state that such pupils should not serve their probationary period or their first year in certain departments of the hospital. We know that our best organized schools advance their pupils gradually, in such a way that obstetrics and the wards for venereal diseases come toward the end of the course. Who can answer for the consequences of placing an ignorant, undeveloped, untrained girl of less than twenty to serve her probation in an obstetrical ward of a hospital, to be called at night when cases come off, with perhaps only a young house officer in attendance?—consequences not only to the patient but to the finer susceptibilities of the girl.

Inspection of training schools is only in its infancy, it has hardly begun to make an impression upon institutions that regard the law lightly. Yet to such inspection are we to look for the proper organization of such schools and the regulation of such abuses. At the present time the whole nursing world is diverted by war conditions, the needs of the Red Cross and the relief work that is going on in every city and town, but even in the midst of these things our own affairs must not be neglected. In those states where inspection has not been secured, not a year should pass without an effort being made to secure an amendment making such provision and where provision for inspection is inadequate, as is the case, we believe, in all the states where there are many schools, vigorous efforts should be made to provide adequate assistance to make the work more effective. In our opinion this matter of closer supervision and inspection of our training schools is the most important that is before us at the present time. We have made a splendid beginning but it must be carried steadily forward, step by step, as is necessary in all educational movements if advance is to be made.

#### THE QUESTION OF PUNISHMENTS

One of the problems that every training school superintendent finds it difficult to solve is the question of the penalty which shall be attached to the breaking of certain rules and regulations which must be observed for the order and discipline of the school and for the efficiency of service of the hospital. We still cling to the idea that a woman who is old enough to be admitted into a training school should be sufficiently intelligent and conscientious not to need to be punished for mistakes or errors like a child of five years, that if she cannot be reasoned with and does not appreciate the responsibility of the work she has under-

taken and is lacking in proper desire to comply with the regulations and requirements of the school, she has no right to be there. On the other hand we realize that the pupil of today is younger and less mature than the one of even a few years ago, that she has not settled down to the serious affairs of life, as the duties of a nurse require she should, and that she needs closer supervision and more careful guidance and discipline than our ideal student.

The whole theory of punishment is undergoing a change in its application to adults, as well as to children. The idea is no longer retaliation and revenge, but education and reform. To deprive a pupil of her cap for a certain number of weeks, to cut off her recreation hours for one or two or three weeks, are methods so obsolete that it is humiliating to mention them except that we know they are still practised. While the hospital seems to benefit by keeping the pupil at work during recreation hours, in the end it loses because of the inefficiency of the work done by one who is on duty for long hours without rest. If the error of the pupil has been due to thoughtlessness or accident, rather than willful neglect, the result of this punishment is to rouse in her a sense of resentment or injustice rather than to aid her to better work.

To suspend a pupil, keeping her in her room for a short time or sending her home for a longer time, when no substitute is provided in the hospital wards, is really punishing her associates rather than the nurse herself. She may or may not be humiliated, but she is given a rest from her work, which some one carries as an added burden.

We believe that many of the petty lapses of conduct and errors of forgetfulness which make the training of young nurses so difficult could be prevented if the superintendent could take time and would have the courage to have an uninterrupted and heart to heart talk with every pupil admitted to her school, as one woman to another, explaining to her what nursing is, the qualities that are necessary for success, what the school will require of her as a pupil, her responsibilities and relationship to the hospital, to the patients, to the officers, to the servants and to her associates, from the highest to the lowest. An intelligent girl who is started off in this way will have a feeling of loyalty to her superintendent and different sense of responsibility and will be made to realize that if she proves herself unreliable or incompetent her place in the school is forfeited.

We do not believe in punishments in the old-fashioned interpretation of the word. We do believe in appealing to the reasoning powers and good sense of the woman.

## THE PROBLEM OF RECREATION

Pupils who are immature when entering a school should have a closer supervision and a longer period of preliminary instruction than those who are older; they should also have the opportunity and provision for the right kind of relationship with both men and women, so that their natural social instincts may be gratified. The question of allowing free social intercourse between the internes and nurses of our large hospitals is one of constant difficulty and is in many places a still unsettled problem. Under old conditions, when nurses' quarters were in the hospital proper and many times over the wards, without proper reception rooms, all men callers had to be excluded, but at the present time, in our luxurious nurses' homes, with not only one, but many recreation rooms, there is no reason why there should be any discrimination in the matter of men callers. We do feel however, that the young nurse needs the same supervision in the training school in regard to the men from whom she accepts invitations, especially in these days of auto riding, as she would expect to have in a well-regulated home under the care of her parents.

## SENDING OUT PUPILS DURING TRAINING

While we are on this subject of the training school, there is another matter of long-standing which has been discussed and which our national organizations and state registration have largely regulated but which is still practised in some places, that of sending the pupil nurse out on private cases while in training. Even today we hear of superintendents who are really conscientious, who seem not to have grasped the principle involved, which summed up briefly is this:

When a hospital establishes a school for nurses it adds to its function of caring for the sick that of an educational institution. It agrees to give to the pupils entering the school an education in nursing in return for the services performed by them in caring for the hospital patients. If the pupil is constantly, or even occasionally, taken from the wards and sent out for an indefinite time to earn money for the institution, she is not only paying for her training by her labor in the hospital, but she is paying for it a second time by labor performed outside the hospital, during which time she loses that systematic instruction under supervision which the hospital has agreed to give her and for which it is responsible. The nursing body as a whole, and the more enlightened members of the medical profession have decided that such instruction in the hospital is needed to complete her training, and it is an injustice to the pupil that the routine of her training shall be



interrupted in this way and that she should be called upon to meet conditions and responsibilities of private nursing before her training is complete, for the financial betterment of the hospital.

From the very beginning, eighteen years ago, of the American Nurses' Association, one of the conditions for membership by alumnae associations has been that all the training of the pupils must be given in the hospital and more than one association wishing admission has been kept waiting until the trustees of the hospital complied with this requirement.

Some of the state laws allow schools giving a three years' course to send their pupils out of the hospital for a period of not longer than three months during the last year of their training, but even in these states the schools of the highest order realize the importance to the pupil of every day spent in the hospital and do not avail themselves of this privilege.

#### THE PLACE OF THE PRACTICAL NURSE

There are still in active work in the nursing organizations over the country great numbers of women who will remember that during the pioneer period of organization the feeling predominated that membership must be restricted to only those nurses of high qualifications, both in professional training and in moral integrity. In the League of Nursing Education, which was organized under the name of The American Society of Superintendents of Training Schools for Nurses, for many years only women engaged in active executive or teaching work were admitted as members. Assistant superintendents came in only as associates and those in lesser positions were permitted to attend meetings but could not become members even as associates. So with the American Nurses' Association, although lines were drawn much more rigidly than at the present time, in the broader development there has never been any letting down of the educational or professional standards.

But we see in some places a tendency to let the pendulum swing too far the other way and we hear of groups of registered nurses admitting untrained women not only to membership in their registries but to associate membership in their local associations, until such untrained women have become a dominating factor in both. We believe in a broad policy in the administration of the affairs of our organizations, national and local, but we do not believe in letting down the bars absolutely and sweeping aside the distinctions which have been established at such great cost. Because of the maintenance of such standards there has been carried forward the great variety of

nursing projects which are the result of organization effort, national and local: our course at Teachers College, central registries, public health nursing, army, navy and Red Cross nursing, the Robb Fund, the Relief Fund and state registration with its compelling influence over the training school.

We appreciate the fact that there is a great demand that practical nurses shall be controlled and that there is a growing belief that by bringing them into association with graduates in central registries they will be willing to accept the position of subordinates in nursing affairs and that by so doing the public will be better served and the registries become more popular, also that the fees which such nurses pay are an aid in maintaining the registries.

Theoretically we are in sympathy with this idea but that is a very different matter from admitting practical nurses to our organization life and of giving them any voice in the management of our central directories or of our local organizations. Those who are so short sighted as to give them this kind of recognition and who think there are advantages to be gained by the affiliation in our organizations of this class of workers show a lack of experience which teaches the valuable lesson that it is much easier to keep out of difficulties than it is to get out.

#### THE RELIEF FUND CALENDAR

We understand that many nurses have responded so generously to the needs of the Red Cross and of the various war relief funds that they cannot buy the Relief Fund calendars as they have done in past years and there is danger that a large number will remain on hand unsold.

We want to give a word of warning to those whose generous impulses are running away with them and to remind them that as a result of the generous attitude of this country toward Europe there must come a period of great privation and suffering here. It is said that in sending such large quantities of grain abroad not enough is being retained to use as seed for the crops of the coming year. In all of our great cities thousands of men and women are idle or are working on short time in consequence of the reactionary effect of conditions abroad upon our industries. We may be quite sure that some of our own women who are giving of their strength to nurse the soldiers abroad will return incapacitated for further work, and we shall then have need for every penny that can be contributed to the Relief Fund. The price of the calendar was reduced to twenty-five cents on January first and every nurse who has not provided herself with one should do so and thus help build up the fund which is to be of such great value later to those in need.

## WAR NEWS

We give our readers in this issue of the JOURNAL two very interesting reports of war conditions abroad and regret that we cannot promise a series of such articles. Owing to the attitude of neutrality which our country has assumed it is impossible for our nurses who are abroad to write in detail of their work. *The British Journal of Nursing* is under no such restrictions and those who wish to follow in detail nursing work at the front will find in its pages fresh and full reports from the English nurses who are serving in various places. Its office is at 431 Oxford Street, London, W.

## A NEW COURSE IN SCHOOL NURSING

The official announcement in our news columns of a special course in school nursing at Teachers College will interest many nurses who are seeking the best way to prepare themselves for this work. The new note which is struck in the announcement is that of provision for the teaching of normal diagnosis. While nurses become familiar with many manifestations of disease during their hospital courses, they do not always know as well the manifestations of health or the early deviations from the normal to be seen in the incipient stages of many childish ailments. This will add to the value of the course.

## THE JANUARY MEETINGS

During the third week in January, as is usual, committee meetings will be held in New York City of the Executive Committee of the American Nurses' Association, of the JOURNAL directors, the Robb Committee and probably of many others closely associated with these. All matters of business to be presented at these meetings should be placed in the hands of the proper officials before that time.

## ENCOURAGING SIGNS IN NURSING EDUCATION

By SARA E. PARSONS, R.N.

*Massachusetts General Hospital, Boston*

When one becomes submerged in one's own burdens and problems and feels that everything is going to the bad, a condition into which earnest, hard-working women who are face to face with the stern realities of life are more apt to get than men, it is well to stop a little while and look over the situation as a whole. In the nursing world there is plenty to discourage those who are trying to improve conditions, unless they look beyond the petty obstacles to progress in their own environment. But imagine a profession only fifty years old growing out of the past full of traditions incompatible with modern requirements! What can one expect?

Begun in an apprenticeship system that required practically nothing on the part of the hospital except tolerance, without any definite system or plan that united one school with another, we find a chaos out of which correspondence schools and other abuses were bound to grow. We are so close to the original methods that it isn't necessary to call attention to the defects of our schools of the present day. While we are trying to build up standards, to secure endowments, to equip class rooms, to furnish trained, paid instructors, to shorten hours, to create refined and restful living conditions we need to stop occasionally and take account of our blessings.

Our old system, which we are beginning to shake off in order to rescue ourselves alive, created some splendid nurses who have taken what was good from the old and have a vision that inspires them to work unceasingly to reconstruct the old system to meet the new demands. Perhaps it is superfluous to call attention to these demands but through state registration, etc., it is now quite generally understood that a trained nurse should have had certain definite theoretical instruction covering elementary anatomy, physiology, hygiene, bacteriology, dietetics, therapeutics, medicine, surgery, pediatrics and obstetrics, with various special branches; also an opportunity to get practical training in the actual care of medical, surgical, obstetrical and pediatric cases.

Until 1903, nursing education was not recognized by the state, but since the first bill secured in 1903, thirty-seven states have established nurse examining boards. Unfortunately in most instances state exami-

nations are not compulsory, though some pressure is exerted directly by nursing associations. Through the opposition aroused by the enactment of these laws, the strength of correspondence schools and commercial interests which are involved in the exploitation of cheap nursing service has been disclosed. It is the disclosure of these conditions that has been discouraging but in reality it is far better to know the truth than to cherish illusions. We are being forced to recognize that the time is quickly coming when the word "nurse" itself must be protected by legal enactment. Until everyone who calls herself a nurse is required to have the education now generally recognized as necessary for the trained nurse, so long will pseudo-schools flourish in their nefarious activities. The fact that nurses as a body stand so unitedly for better standards is the assurance that they will win. Whereas a short time ago nurses stood almost alone in their efforts to standardize nursing education, we now find men eminent as educators, physicians and occasionally hospital trustees, decidedly endorsing the position taken by the nurses, recognizing the possibilities in their services if they be properly equipped and ready to assist in securing the needed reforms. Among those men endorsing the modern movement who are themselves connected with hospitals that maintain schools, are Dr. Winford H. Smith, Dr. Frederic A. Washburn and Dr. Joseph Howland. Dr. Richard Olding Beard of the University of Minnesota, Dr. James Murphy and Dr. George Dock of Washington University, and Dr. C. E. A. Winslow of Columbia have written strong papers in favor of advanced nursing education. It is more and more common to find up-to-date doctors who take the greatest interest in instructing nurses to the limit of the time allowed and of the capacity of nurses to assimilate.

Within my own personal experience during the last four or five years I have known several training schools to equip class rooms and to furnish instructors, whose sole duty is to instruct carefully after the most approved methods.

There are nine universities that have taken the training of nurses as a part of their work and some of them confer a degree upon the graduates of the nursing school.

Nurses have, in a few instances, been placed by governors on state commissions. They are called into many varieties of work, particularly into important executive positions representing large responsibilities. Public health work calls for nurses in the schools, factories, districts, dispensaries, etc.

Very recently I have known personally of schools connected with large, with small and with special hospitals that had almost expired,

revive with the most promising vigor in response to a reorganization that placed the school on a worthy basis. The demand for well-educated, refined and thoroughly-trained nurses is such that salaries have doubled within the last twenty years. During this season of financial and business depression the capable nurse is singularly exempt from the prevalent hard times.

We owe more to the Department of Nursing and Health in Teachers' College for the awakening of interest in nursing education than to any other cause. This department was established about fourteen or fifteen years ago by a group of enthusiastic, ambitious nurses through the liberality and coöperation of Columbia University. It started with a class of two students. The classes have grown until the enrollment this year is sixty-seven. The students are women who realize through experience their need for better preparation as executives, instructors and health workers. They go from the college to all parts of the country, carrying their ideals of thoroughness, educational efficiency and of justice to the student nurse as well as service to the patient and the doctor.

More college women are coming into the training schools every year. Nursing magazines and text-books edited by nurses are rapidly increasing in number and excellence and there is every reason to believe that within a few years nursing will be looked upon as a profession requiring not only the angelic virtues but ability and education.

### THE CONQUEST OF CONTAGION<sup>1</sup>

By CHARLES FLOYD BURROWS, M.D.

*Syracuse, N. Y.*

The Biblical history of the Garden of Eden records many interesting things. A careful search of it, however, fails to reveal any mention of the nursery days of Adam and Eve's children. Probably though, it is safe to assume that like the youngsters of today they suffered from measles, mumps, whooping cough, scarlet fever and other catching maladies, for without doubt it was at this early era in the world's development that contagious germs of all kinds began to sit up and take notice of the physical realm they were maliciously to invade. Ever since those far off days down to the present time mankind has been unmercifully flayed by the diseases which infectious bacterial

<sup>1</sup> Read at the thirteenth annual meeting of the New York State Nurses' Association, Syracuse, N. Y., October 21, 1914.



villains originated and have since propagated. As the centuries have come and gone contagion has skulked along its unseen pathways always hovering near for a vicious attack upon ignorant, terrified humanity. At some periods of history it has stealthily invaded the haunts of civilization in the form of the plague, levying its ghastly toll in merciless fashion; at other times it has come garbed in the habiliments of smallpox and has taken its tribute in millions; at others still it has appeared in the disguise of diphtheria or scarlet fever or measles and has smitten myriads. Since first the feet of man began their weary struggling tread upon this globe, rock ribbed and ancient as the sun, hosts upon hosts have been struck down and gathered to its bosom from the terrific onslaughts of various contagions. It has been authoritatively estimated that more than 50,000,000 persons perished from contagious epidemics during the dark ages in Europe where today, in much the same geographical region, to our amazement and horror, a few thousand in comparison have been slain in the ugly pursuit of war. Of course the causes which produced this tremendous medieval devastation of life and which permitted loathsome epidemics to play more deadly havoc than did the noisy and useless wars that usually occurred simultaneously with them, were to be found in the social conditions and the ignorance of those unhappy days instead of in some overwhelming destructive power of contagion itself.

In view of these appalling mortality facts is it any wonder that, since the murky dawn centuries ago in distant Egypt and Greece, when the light of inquiry first began to steal faintly into men's minds concerning the subtle mysteries of disease, communicable disorders, so seemingly mysterious and uncanny in their spread, should have been regarded with horror and dismay or that their dangers, enhanced a hundred fold by fear and superstition, should have surrounded them in the professional as well as in the lay mind with an exaggerated subtlety of diffusion? When an enemy is in ambush using smokeless powder and Maxim silencers, soldiers unable to locate the point of attack are likely to become panic-stricken and hastily infer that they are surrounded on all sides by hostile bullets, for an unseen danger is usually more terrifying and mystifying than the visible and more liable to be over-estimated. To be sure, contagious germs wear no gaudy uniforms nor do they trumpet their attacks loudly, yet their forays are made with ferocity along direct avenues and largely through close personal contact; for latter-day observation has firmly proved that, aside from exceptional instances, the majority of all contagious diseases are acquired by direct exposure and rarely, if ever, conveyed by a second or intermediate person to the third.

By direct contagion is meant a route so conclusive as to be reasonable of belief. If a physician takes the temperature of a diphtheretic by mouth and negligently fails to cleanse his thermometer before introducing it within the oral cavity of his next patient, it is admitted that contagion may follow. If a man ill of nasal diphtheria blows and wipes his nose with his fingers and milks a herd of cows that supply a milk route, the development of diphtheria among his customers is mightily conclusive proof that he is the contagious agent, especially when the Klebs-Loeffler bacilli are found in the milk. But when one tries to argue, as Dr. Holt does, that letters received and handled by a scarletina case and then tucked away in an attic for twenty years will produce scarlet fever; when one accuses the cleanly physician of carrying infection on his clothes or person; or when one tries to explain to the anxious and querulous family by any of the numerous moss-covered, far-fetched theories familiar to all that pass current among the laity, how "Jimmy got it," he exposes his credulity and imposes upon that of his clientele. So long as the indiscriminate interchange of milk bottles is in its present lax, unrestrained condition; so long as desquamating children attend school for several days before being detected; and so long as diphtheria, nasal, pharyngeal and laryngeal, is overlooked by the inattention of heedless parents or is undiscovered by the physician who depends upon one culture or none at all, as alas often happens in cases of so-called tonsillitis, croup and coryza, it is undeniable and indisputable that contagion will flourish easily and luxuriantly.

Therefore it should not be necessary in the face of these facts, except in isolated instances, for anyone but an imaginative dreamer to feel compelled to fabricate an implausible and unscientific explanation of how contagion accomplishes rapid transit. We know that typhoid fever is sometimes conveyed by the oyster and occasionally, perhaps, in other erratic, devious ways, but there is no denying the fact that the number of cases so produced in the ordinary community is negligible compared with those arising from infected flies, milk and drinking water. There is no doubt, either, but that contagions of various sorts are sometimes transmitted and induced in crooked and obscure ways by wearing apparel, letters, money, cats and dogs, but the point emphasized is that these and other infrequent, unproved channels of infection, which are inclined to be exaggerated with holy horror and proscribed with stern, apprehensive visages, are as nothing compared with those which are flippantly ignored. If contagious sicknesses were as contagious as they are popularly supposed to be and were communicated in the promiscuous manner so many devoutly believe and dread, this city would be as defunct as Pompeii in a year.

Students were taught, only a few years ago, that malaria was spread by "foggy night air," by "miasma" (whatever that might have been), and by other mysterious, mistaken means. With the present knowledge concerning the rôle which the anopheles mosquito plays in transmitting "fever and ague," we smile at these former silly beliefs. It can be safely prophesied that soon, in the light of more exact knowledge, we shall be similarly amused over many of the absurd ideas which the various camps of medicine today hold concerning the dissemination of contagious diseases. Then, perhaps, outlandish maneuvers like imprisoning and impoverishing a whole family and adding insult to injury by fumigating them with formaldehyde, will appear as ludicrous and crude as some of the antics of my antique predecessors, the barber physicians.

In view of the evidence we must recognize that the time has come when the fear of contagions ought to be modified and ruled by common sense. If a horse is dangerous only when he kicks it is silly to be frightened by his whinny. The important precaution is to avoid his heels and hoofs. In most communities the attitude of extreme caution toward contagious illnesses is practically the same as it was thirty or more years ago. The shadow still causes as much consternation as the substance. So needless anxiety, increased expense and harsh quarantine methods are the tributes paid on account of the old fashioned "boggy" ideas of air-borne contagion and other "foggy," heirloom visions of dangerous channels of infection handed down by generations of frightened ancestors.

*(To be continued).*

#### THE MAKING OF SOLUTIONS<sup>1</sup>

By MAUD LANDIS, R.N.

*Kansas City, Mo.*

Whether the school girl does not make practical application of her arithmetical problems or whether the time between her high school graduation and her entrance into the training school has allowed her to forget what she has learned, I cannot say, but it has been my observation that most nurses have only a vague understanding of how to make solutions for general use in the hospital or when they are out in private practice.

During training, we may call the pupil nurse's attention to the necessity of separating poisons from other medicines; by distinguishing poisons from other drugs, in using colored bottles, or bottles oddly

Read at the eighth annual meeting of the Missouri State Nurses' Association.

shaped or rough feeling, or bottles with bells on the corks, but if she doesn't understand the various strengths of solutions and how to make them, we have an ever-present danger in our stock solution bottles. In our service rooms we may have our solution lists telling just the quantity of the stock solutions necessary to make certain strengths in certain quantities but the pupil nurse can misread directions at times. The surgeon and the patient have implicit confidence in the nurse's ability to make the solution and not until some accident occurs do we realize the necessity of constant drill.

It has been my observation when grading papers after the state examinations that an understanding of solutions is the nurse's weakest point. This might be explained on the score that the nurse is nervous over the examinations and does not do herself justice. There is also the other reason that she is not so sure of herself mathematically, and if the answer is not right, it is wrong.

You may say we require a high school preparation for entrance into our training school so, surely, it should not be expected that we should teach the elementary principles of arithmetic. Yet I think this is necessary for so much of importance throughout the nurse's training and after she finishes is dependent on this accurate knowledge. Of course, we will not need to take a great deal of time for this review, probably eight lessons will allow sufficient drill; include seniors, intermediates, juniors, and even the preliminaries.

*First*, have the nurse relearn her tables of weights and measures in American and French systems. She may think she is prepared but reciting in class differs from reciting to herself or a classmate and she makes many mistakes. Not only give her problems illustrating these tables to bring to the next class but give her similar problems in class, have her go to the board, this is a crucial test, also a real victory, if she works her problem with all the class looking on, critically helpful.

*Second*, review fractions, explain proper and improper and decimal fractions; have her add, subtract, multiply and divide fractions; have her reduce improper fractions to proper fractions and decimals and vice versa. You will be surprised to see how many confuse the word *of*, as  $1/3$  of  $1/4$ , for the sign of division or to notice how often the divisor is not inverted. Explain how to ascertain the least common multiple.

*Third*, explain the possible interchange between fractions and proportion or per cent and decimals. The whole of anything always has a value of 100 per cent. Bichloride (1-500), becomes bichloride  $1/500$ . To ascertain the per cent, bichloride  $1/500$  of 100 per cent is  $1/5$  of 1 per cent or 0.002.

Since 1 gallon equals 128 ounces or 1024 drams,  $1/500$  equals 2 drams (plus) the quantity of the pure drug necessary for the stock solution. Carbolic (1-20) becomes carbolic,  $1/20$ ; in per cent it becomes 5 per cent, or 0.05. Vice versa, formalin,  $1/8$  of 1 per cent equals 0.00125, in fractions, becomes  $1/8000$  or  $1-8000$ . Boracic 4 per cent equals 0.04 equals  $1-25$  or  $1/25$ . Then, whether using American or metric measure, you may determine the quantity required, using either the fraction or per cent sign. This knowledge is especially important to the nurse after she leaves her school, for her orders may be given in per cent, when she was accustomed, during her training, to proportions as the bases.

*Fourth*, when proportions are not given it is sometimes necessary to use per cent, especially in dealing with the chemically pure drug; for instance, the order is given for silver nitrate 2 per cent, argyrol 25 per cent, physiologic salt  $6/10$  of 1 per cent, or  $9/10$  of 1 per cent, cocaine, 4 per cent or 10 per cent.

Based on the fact that 1 ounce or 480 grains represent 100 per cent, 4.8 grains equals 1 per cent, but for convenience we adopt the approximate rule, 5 grains of the pure drug to 1 ounce of fluid equals 1 per cent.

*Fifth*, another necessary rule for the nurse to learn is, "Divide what you want by what you have," the result being the fractional part you may use of tablet or stock solution. I mention bichloride (1-500) as illustrative of a problem, the fraction  $1/500$  being harder, apparently, for the pupil nurse to handle than some smaller proportion. Bichloride (1-4000) is ordered. Mentally, we know that  $1/8$  of the required solution will be the stock solution, but the pupil nurse must know how she ascertains this. Use the rule just mentioned,  $1/4000$  divided by  $1/500$  equals  $1/4000$  multiplied by 500 over 1 equals  $1/8$ .

Hypodermic tablets should always be ordered in the strengths required, but in the emergency, we have an order for strychn. sulph. gr.  $1/50$  with only gr.  $1/60$  in supply. Apply the same rule,  $1/50$  divided by  $1/60$  equals  $1/50$  times 60 over 1, equals  $6/5$  tablets, or  $1-1/5$  tablets. Pinching off  $1/5$  of the second tablet and adding it to the first one, is too inaccurate to consider. It requires too much time to dissolve 1 tablet and then dissolve  $1/5$  of the second, so since there is a waste of part of the second tablet, anyway, we know  $3/5$  of 2 tablets will be needed. If your hypodermic syringe has a capacity of 20 to 25 or 30 minims, it is easy to measure the water, expel into the spoon, dissolve and sterilize the 2 tablets, draw into the syringe, and expel  $2/5$  of the quantity, leaving  $3/5$  or 12, or 15, or 18 minims, according to your hypo's capacity. Suppose, however, you should require  $3/4$  of some tablet. If your syringe has a capacity of 25 or 30 minims you must



teach that only some multiple of 4 will allow a correct quantity of the solution to be given, as to give a part of 1 minim is impossible.

Take this problem: the doctor orders atroph. sulph., gr. 1/300, and you have on hand atroph. sulph. gr. 1/150. During the last examination it was not the exception, by any means, to have the nurse answer "Use two tablets."

You will find too many nurses pinch their tablets, too many guess at the strengths of solutions; "cherry-red," for permanganate, to one nurse might look like "American Beauty" red to another.

*Sixth*, teach accuracy in weight and measurement; teach how to hold the measuring glass, how to distinguish between the French and American markings; teach that a few drops, more or less make measurements inaccurate and incorrect; teach, that in absolute silence, with nothing else to be considered at the time, must the nurse follow out the rule of three, in measuring.

All of these suggestions have to do with the nurse's making solutions; it is a part of the surgical technique. There will be times during her training when she will need this accurate knowledge. Always have her use pencil and paper, throughout this drill. Many, no doubt, could solve mentally but until after this drill the nurse must learn to reason on paper, not to jump at conclusions as the mental process allows.

This review will make it possible for the nurse to solve any problem that might arise. You can use many other rules and gain correct answers by other methods and that is quite permissible to you, as teachers, but uniformity in making solutions will do away with errors and will prevent confusion among the nurses in emergencies.

This may sound almost too elementary to present to superintendents because all are teaching just these principles, but my presumption in using this subject has been prompted by the unmistakable evidence of lack of understanding of making solutions among nurses.

#### INSPECTION OF NURSE SCHOOLS IN NEW YORK STATE

By AMY M. HILLIARD, R.N.

*Albany, N. Y.*

The work that my predecessor accomplished as Inspector of Nurse Training Schools is so well known and so keenly appreciated that it needs no comment. Nobody can feel more than I do how difficult it is to succeed her. As the appointment of her successor was not made until late in January, it was impossible for me to take up the work until two weeks after Miss Goodrich had gone to Teachers College.



During the last year three schools have been added to the list of New York State registered nurse training schools and two have been rescinded, making a total of 129 New York State nurse schools registered under the Regents.

Since February 16, 1914, all inspections have been made, the large majority of which were re-inspections.

It is interesting to note that all recent requests for inspection of hospitals with a view to registration of their training schools have come primarily from the nurses themselves, either individually or through their alumnae associations to the hospitals.

Almost all avenues, except private duty nursing, are closed to the unregistered nurse and graduates of unregistered schools finding themselves ineligible for Red Cross, Army and Navy, visiting, public health or school nursing, make protest to the hospitals where they have given from two to three years' service and request that the necessary steps be taken for registration.

The statistics for this past year do not bear evidence that there is any shortage of applicants in those schools which are affiliated with hospitals that either contain the necessary clinical material for thorough teaching purposes, or are willing to affiliate with other hospitals to obtain it, and in addition, maintain an adequate teaching staff, ample recitation, lecture and demonstration rooms and surround their pupils with attractive living conditions. Where there is a shortage of candidates for entrance to a nurse training school, the reason usually is not far to seek. Is it reasonable to suppose that thoughtful women will enter your training school when they can receive more thorough instruction amid better living conditions in another training school in your vicinity?

During the past year some of the nurse schools have sent their announcements for distribution among high school students. This has had two results: first, of impressing upon students the necessity of very thorough preliminary educational preparation before entrance to nurse training schools in view of the important posts nurses are expected to fill upon graduation; and, second, students have become cognizant of the fact that some nursing schools have merits over those of their neighbors. They are today comparing one school with another and are making pertinent and careful inquiries before taking up nursing education. This naturally acts to the disadvantage of the schools which have failed to provide adequate teaching facilities.

Lack of proper lecture, recitation and demonstration rooms entails unnecessary labor for the instructors. It is also the cause of much interruption and is frequently the reason why nursing demonstrations

and recitations are postponed. Pupil nurses after giving months of service to a hospital, rather than resign and begin all over again, may be willing to give more time to complete the course, but if they are intelligent women and desirable candidates they will scarcely advise their friends to enter a training school which is so obviously unprepared to teach. One of the greatest needs of the average training school today is a demonstration room. One of the most discouraging situations which has met my attention since taking up this work, is a new home for nurses which has been built without any teaching room whatever. It seems beyond belief. There are few hospitals which cannot provide demonstration rooms and no hospital should be allowed to conduct a training school for nurses without one. The time saved in hunting up the necessary supplies from one ward to another by the usually overworked supervisor would seem argument enough. Happy, contented pupils are a valuable asset to any training school; and postponed classes, lectures and demonstrations are not conducive to contentment in thoughtful students.

During the year from August 1, 1913 to July 31, 1914, 1311 diplomas have been issued to graduates of registered nurse training schools in New York State. This is an increase of 151 over the preceding year.

2135 written statements have been received by the Education Department.

1 school submitted	72 statements
4 schools submitted over	60 statements
7 schools submitted over	50 statements
11 schools submitted over	40 statements
21 schools submitted over	30 statements
33 schools submitted over	20 statements
52 schools submitted over	15 statements
77 schools submitted over	10 statements

Mount Sinai Hospital Training School, New York City, submitted the largest number of statements, which gave evidence of educational eligibility. St. Luke's Hospital, New York City, submitted the largest number of credentials showing high school graduation.

There are in training 1781 first year pupils  
1607 second year pupils  
1085 third year pupils

Total 4473

This is an increase over last year of 225 first year pupils  
138 second year pupils  
119 third year pupils

Total 482

These figures show that the supply of candidates is increasing. They also show that the large proportion of registered nurse training schools in New York State maintain a three year course.

One of the state hospitals is affiliating with a general hospital for one year's work for its pupils who hold cards of approval, and it would be to the advantage of all registered state hospitals to do the same. The most desirable plan is for the affiliation to be arranged with a view to having pupils take the general hospital work at the end of their junior year and return again to the home school for senior work. This would make the problem simpler for the hospital receiving the affiliation to give proper instruction as the pupils could then take up junior work, be promoted according to ability and the state hospital would reap some of the advantages of the affiliation in that it would have more efficient senior nurses.

The school which is complaining of a shortage of probationers had best look over its neighbor for there is strong suspicion that the neighbor may be making things so attractive for pupils that the students are entering there.

The answer to the cry for more pupils is improve your conditions, and more especially your teaching facilities. Women do not enter nursing primarily for comfort, but for knowledge, but if discomfort is so great that it interferes with the pursuit of knowledge, it will interfere also with the size of your preliminary class.

## THE ADMINISTRATION OF MEDICINES

By A. S. BLUMGARTEN, M.D.

*Lecturer to the Training School, German Hospital, New York; author of "Materia Medica for Nurses"*

*(Continued from page 194)*

### THE ADMINISTRATION OF DOUCHES

Solutions used as douches are given to produce the following effects first, to act as an antiseptic on the vaginal secretions and to remove them; second, to contract the mucus membrane of the vagina and the cervix (astringent action); third, to check bleeding from the cervix or uterus; fourth, to lessen the pain produced by the contractions of the uterus and cervix. To produce any of these effects it is essential to have the solution come in contact with every part of the vagina and cervix, especially with the vaginal fornices where the secretions are most apt to accumulate. For this reason, the position of the patient

during the administration is very important. The patient should lie flat on the back with the thighs and legs flexed, and the douche should be given with a large glass nozzle containing a large number of holes at the tip but at different levels. With such a nozzle a spiral current of fluid is obtained, thus giving better drainage.

The temperature of the fluid should vary with the desired effect. For an antiseptic effect, for drainage or for an astringent action, the temperature should be that of the body, about 90° or 95°F. When given to check bleeding or to lessen uterine or cervical pain, the solution should be as hot as the patient can stand, since hot solutions are more apt to produce these latter effects than colder ones.

*Rectal Administration for Local Effect.* Solutions are injected into the rectum to expel its contents, either gaseous, fluid or solid (catharsis), and to affect a diseased condition of the mucus membrane of the rectum, sigmoid or descending colon.

To produce catharsis the object of injecting the fluid is to distend the bowel. The bowel will become distended up to a certain point, when peristaltic contractions of its muscle wall will result. These contractions will keep up until the bowel has been completely evacuated of its contents. To produce catharsis a return flow of the injected fluid is to be avoided. This is best accomplished by keeping the patient flat on the back with the buttocks slightly elevated and the thighs and legs flexed, and using a nozzle with only one hole at the tip. When it is desired to obtain evacuation of the sigmoid and the descending colon, these organs can be distended by placing the patient in the knee-elbow position.

*Rectal Irrigations.* Rectal irrigations are administered either to expel gas or fluid or to medicate the mucous membrane of the rectum, sigmoid and descending colon (irrigations rarely, if ever, reach the transverse or ascending colon). To accomplish these effects it is essential to obtain a return flow of the injected fluid. This is best done by siphoning the fluid by alternately elevating and lowering the irrigating bag. Each time the bag is lowered the nurse should see that at least the same amount of fluid is returned as has been injected, plus gas and fecal matter. Another excellent method of irrigating is to inject fluid into the rectum through Kemp's irrigating tube, which consists of an inflow and an outflow tube in one.

#### THE ADMINISTRATION OF REMEDIES FOR GENERAL EFFECT

Medicines are given hypodermically or by mouth to produce general effects; that is, to effect organs or tissues remote from the site of application. The object desired when administering such a remedy

is to have it enter the blood stream. The drug is then carried by the circulating blood until it reaches the particular organ or tissue for which it has a chemical affinity. There by the chemical combination of the drug with some of the constituents of the cells of the organ to be affected, certain desired changes in its activity are produced. For example when a dose of morphine sulphate is given to a patient to relieve pain, the morphine is dissolved in the gastric juice and then passes through the mucus membrane of the stomach into the blood stream. Here it is carried by the circulating blood stream until it reaches the cells of the gray matter of the brain which appreciate pain and for which morphine has a chemical affinity. The chemical combination of the morphine with these brain cells so changes their activity that they do not appreciate pain as readily as before and the patient then complains less of pain.

In order that the maximum desired effect shall be obtained from any remedy there are certain factors which the nurse must take into account in the administration of these remedies. I shall group these factors under the term of principles.

*Basic Principles Underlying the Administration of Remedies for General Effects.* (1) Desired Effect. (2) Efficiency of Action. (3) Taste. (4) Time of Administration.

*Desired Effects.* Remedies may be given by mouth either to produce a local effect on the stomach or intestines or for absorption into the blood stream. It is often essential for the nurse to know the effect that is desired from the remedy she is to administer, as the mode of administration will often vary with the desired effect. Thus many of the inorganic salts are often given either as cathartics or as diuretics. If given as a cathartic very little absorption of the salt is desired and the salt should be given in a very small quantity of water according to principles which we shall presently discuss. On the other hand, if the salts are given as diuretics, a maximum degree of absorption is desired and the salt should therefore be given in a large quantity of water.

*Efficiency of Action.* It is an axiom that the best way to administer any remedy is the one which will give the maximum desired effect. This can only be obtained when the remedy is given in such a manner as to readily enter the blood stream, and in such a state that it is capable of undergoing the greatest amount of chemical action.

*Absorption.* By absorption we mean a process whereby a given remedy enters the blood stream. To do this the drug must pass from the stomach or intestine through its mucous membrane and then through the walls of the intestinal capillaries into the blood of the veins. The



remedy is then carried in the blood stream. With hypodermic medication the remedy passes from the subcutaneous tissue into the blood vessels.

Absorption of a remedy is enhanced when it is in a fluid state and when the remedy has a comparatively simple chemical composition. The more solid the condition of the remedy and the more complex its chemical composition, the less it is absorbed.

*Physical Chemistry of Remedies after Administration.* Let us, for a moment, picture to ourselves what happens to a remedy after administration, for instance when it is given by mouth. As soon as the medicine enters the stomach, no matter whether it is given in a fluid or a solid form, it soon becomes dissolved in the gastric juice of the stomach, (in some instances in the intestinal juice). Furthermore, some remedies will also be digested by either the gastric or intestinal juice. Their condition, however, will not be changed except that the solution will contain substances of a simpler chemical construction and therefore those which are more readily absorbed.

The fate, then, of any remedy while it is dissolved in either the gastric or intestinal juices, and the way it is absorbed, will depend upon the laws of physical chemistry governing solutions.

*Chemical Laws Governing Solutions.* Any substance dissolved in another is capable of undergoing the following changes.

1. *Diffusion.* Diffusion is a process whereby one fluid is able to pass into another. Usually the more concentrated solution will pass into the less concentrated one until both contain the same ingredients in the same concentration. Thus, when we place a tube containing a solution of magnesium sulphate into a beaker containing a solution of sodium bicarbonate and allow the mixture to stand, we soon find that both solutions contain the same proportion of both magnesium sulphate and sodium bicarbonate. It is by the process of diffusion that solutions of drugs can pass into the gastric juice and it is by the same process that many remedies circulating in the blood stream can enter the cells of the various organs.

2. *Osmosis.* Osmosis is a quality which enables solutions to penetrate into another solution through an animal membrane. Thus the passage of various saline solutions from the intestines through the mucous membrane is due to the osmotic power of such solutions.

3. *Dissociation.* Dissociation is a process whereby a substance dissolved in a fluid will separate into two or more groups of atoms or molecules, which are capable of carrying electricity. Each group of atoms or molecules is called an ion. The one which carries positive electricity is called a *cation* and the one which carries negative elec-



tricity is called an *anion*. For example, if we dissolve sodium chloride in water, the sodium chloride soon becomes dissociated into groups of atoms of sodium which are charged with positive electricity and are called cations, and groups of atoms of chlorine charged with negative electricity or chlorine anions.

*Chemical substances which exist in the state of ions, that is, which consist of groups of atoms or molecules capable of carrying electricity, are capable of the greatest amount of chemical action.* For example, a remedy which exists in solution is capable of undergoing more chemical combinations with ingredients of the cells than is a solid substance which consists only of molecules or atoms.

*Degree of Dissociation.* The degree and rapidity with which a substance will separate (dissociate) into its ions will depend upon the following factors.

First, *The Nature of the Solvent.* By the solvent we mean the fluid in which a substance is dissolved. Different fluids have different powers of separating (dissociating) dissolved substances into ions. According to the degree and rapidity with which they separate dissolved substances into their ions, we can classify all fluids in which remedies are apt to be dissociated in the following order: a, weak acids; b, water; c, alcoholic solutions; d, syrups; e, colloids (albuminous solutions); f, oils. With the possible exception of lemonade and grape juice, weak acids are seldom used to administer medicines in. For practical purposes *water is the fluid in which dissociation takes place most readily.*

The alcoholic solutions commonly used as medicinal solvents are whisky, wines and beer. As a general rule, the smaller the percentage of alcohol present in the fluid, the more readily does the dissolved substance dissociate in it. With wines, and especially with beer, the dissociation does not take place as rapidly as is to be expected from the small amount of alcohol contained in these fluids, because of the other extraneous matter which these liquors contain.

In syrupy solutions, such as syrups and sugars, and in colloids, such as milk, dissolved substances separate very slowly into ions, if at all. With colloids such as albumins, when given by the mouth, the albumin may be digested by the gastric juice in the stomach so that the fluid becomes much simpler in its chemical structure and therefore has a greater dissociating power.

Oily solutions have a very small dissociating power.

From the foregoing principles we see that the fluid in which a remedy is to be administered will have a definite bearing upon the effect that is obtained from that remedy. Thus when we desire rapid effects from a remedy, it is better to administer it in a fluid like water where

it will be readily dissociated into its ions. When we desire slow or little absorption, it is better to administer the remedy in a fluid like milk where very slow dissociation takes place.

Second, *The Amount of Fluid*. The degree with which a substance dissociates into ions, when given in any fluid, will depend directly on the dilution of the fluid up to a certain point. Beyond this point, the degree of dissociation remains constant. Therefore *the more dilute the solution of the medicine, the more readily will it be dissociated into ions* and therefore, as we shall see later, the better and more rapid are its effects.

(To be continued)

## IMPROVISING<sup>1</sup>

### I

#### WAYS AND MEANS

BY M. ELIZABETH PENNINGTON, *Niagara Falls, N. Y.*

While nursing in a small private hospital, the need arose to give saline solution by the Murphy method and with it the problem of proper apparatus. The hospital authorities contemplated building a larger institution and every available dollar was going toward that project so, of course, all unnecessary expenditures were impossible. It was necessary to improvise in many ways and to keep the saline hot was one of the things which demanded thought and consideration. Because of bitterly cold weather it was very hard to keep the wards warm enough for prolonged treatment, and while the dropping attachment was at hand, we lacked the heater so necessary to the success of a saline.

To begin with, I filled a tempered glass bottle with very hot water and put it into the solution in the douche can, which added very materially in maintaining an equalized heat. Next I fastened hot water bottles on the hooks of the irrigating pole and wrapped the whole in a single blanket. This kept the solution in the can hot for a reasonable length of time but I found that it cooled very quickly in flowing down the tube. To correct this it was necessary to place two uncovered metal hot water bags, so as not to come in contact with the patient, but in such a manner that the tube was incased without being compressed.

I found that this way out of the difficulty worked very satisfactorily and had excellent results from the treatment.

<sup>1</sup> Contributions to be used under this heading are solicited and, if found acceptable, will be paid for at our regular rates.—Ed.

## II

## A HOME-MADE DEMONSTRATION DOLL

BY CORA MCCABE SARGENT, R.N., *Towson, Md.*

Coming from a large general hospital where there was always plenty of material on which to draw for the demonstration of methods to the pupil nurses, to take charge of a small school in a private hospital where demonstration with patients was not to be thought of, I was completely at sea when confronted by this feature of my class work; the more so, because I appreciated the fact that to expect a nurse to acquire efficiency in the practical work of her training without providing her with the means of instruction, was as absurd as to confine a medical student's course of study to lectures and book knowledge with no laboratory experience. One may be ever so well grounded in the theory of how a thing should be done, but it is the ability to do it that counts. This essential dexterity and skill can be obtained in only one way and that is by actual work.

True, I was aware that the want which I was experiencing had also been felt by others and in a way supplied; for there are on the market several so-called hospital dolls, made in both children and adult sizes, covered with waterproof paint and both elaborately and admirably fitted up with various reservoirs which are as practical as they are useful. All this completeness, however, is obtained at an expense that I felt the small school did not warrant. There must be some other equally satisfactory means of compassing my needs yet keeping the money outlay within bounds, so that the amount saved might be applied to other pressing needs of the school.

There certainly was never a truer saying, even though its triteness is worn threadbare, than Necessity is the mother of invention. In this instance the invention supplied the necessity so completely that I am impelled to pass the idea on for the benefit of some other head of a small school who is endeavoring to give her classes a thoroughly practical as well as theoretical training and is handicapped by certain limitations which the smallness of her school seems to justify.

It is quite unnecessary to recount the obstacles I encountered and had to overcome before my home-made demonstration doll was a success and lent itself to my various needs. It is only essential to describe the success in its completeness.

In the first place, I determined that my class room manikin should possess in its make-up what is so obviously lacking in most hospital dolls, and that is attractiveness combined with its utility. The latter qualification is an essential; the former is certainly most desirable.

With this in view, I patiently traveled from one toy shop to another until I at last found what I wanted, a doll's head equal in size to that of a full-grown child or small adult and fascinatingly pretty. The open mouth, which disclosed to view two rows of pearly teeth serves a purpose quite foreign to that intended by the manufacturer. It affords an excellent means of teaching the nurse how to care for and keep a patient's teeth and mouth clean and wholesome.

The beautiful face of my demonstration doll is only rivaled by its wig of real hair which may be combed and brushed, washed and even treated for pediculi.

A head without a body, however beautiful, is quite useless. So the next invention was the making of a practical body, but within expense limits. After much deliberation and several more or less discouraging experiments, the inspiration came. A child's union suit of white cotton, costing twenty-five cents, was bought. This was neatly stuffed with cotton waste, the greatest care being taken to follow the contour of the natural body. To secure the jointed effects, so essential in certain demonstrations and without which they cannot be attempted, several rows of stitching were run back and forth in the sleeves and legs where the elbow and knee joints should be. The body completed, the head was put into position. But of what use is ever so perfect a head and body when hands and feet are lacking? As to these, all was plain sailing, for a pair of white cotton gloves and a pair of white stockings of proportionate size were stuffed with the same material used for the body, then neatly sewed in place, and the miracle was wrought.

A little crude, to be sure, but the crudeness is hidden beneath a dainty night dress. When "miladi" of the class room was completed and I summed up the total cost, including every detail, I found that it came in round numbers to four dollars and seventy-five cents. I felt that I had every reason to congratulate myself upon the successful evolution of an idea.

It is obvious that such a doll has its limitations in certain directions, as in demonstrating catheterization, enemata or any treatment where reservoirs are essential. This, however, does not interfere with the preparations for such demonstrations.

After such treatments as saline infusions, sponges, packs or prolonged tubs, all that is necessary to repair the water damage is a sun bath or a few hours in the drying cupboard.

## III

## NEEDED ECONOMIES FOR A LONG CASE

BY LILLIAN E. TUCKER, R.N., *Philadelphia*

In nursing a case of cancer of the pelvic organs, the patient had two bad fistulas, bladder and rectum, due either to the radium treatment or to the cancerous tissue wearing out. Because of the above conditions, the laundrying of the sheets was a problem, as we could not pad thick enough to prevent them from becoming wet. An air cushion was used, in the bottom of which we put newspapers and then fastened old muslin over both cushion and papers with safety pins. When soiled, the papers were burned and the muslin was put in soap powder to soak, then washed in the bathroom with household rubber gloves. We touched nothing without gloves and everything was soaked in solution before washing. We found that this meant a great saving of laundry. Having plenty of bathrooms, we were able to keep this one for that patient alone, and so were able to wash the muslin there.

Although we were in a home of wealth we had to consider both laundry and drug bills. We were given what we needed for our work but were expected to save all that was possible, as each nurse in private work must do. We kept an account of everything ordered from the drug store and this saved us much trouble when the bills came in, for each member of the family was in the habit of having things charged and when large bills came in it was natural to blame the nurses. At such times our book was produced and it was found that two-thirds of the supplies had been ordered by some member of the family.

Having spent a year on this case I thought these suggestions might be helpful to other nurses in private work, as we must often be called upon to improvise.

## NARRATIVES FROM THE WAR

## I

[The two following articles are by observers who saw with their own eyes the scenes they describe. The first was written especially for the JOURNAL, the second is taken from a private letter but is published by permission of the person addressed. Both are authentic records of unusual conditions.—Ed.]

BY ELIZABETH DEWEY, R.N.

*Bryn Mawr, Pa.*

Arriving at Innsbruck on July 25, with a party of friends, we were all impressed with the air of excitement and animation in the town



but not being able to understand German, we concluded that Innsbruck was an unusually lively town with a large army post. However, when at about one-thirty on Sunday morning we were aroused from our sleep by the sound of music and cheers, we decided that something out of the ordinary must be going on, and hung out of our windows for nearly an hour watching the crowd of people that filled the square.

A band played and the people sang, their voices coming up to us from under umbrellas, for a hard, steady rain was falling. Then the music stopped but the crowd only became more congested, the blurred lights were reflected in the brass instruments and glistened on the wet umbrellas, affording us glimpses of uniforms moving among the crowd. Evidently some announcement was being made for presently came shouts and cheers, hats were frantically waved, some of the umbrellas were sent twirling high in the air, and as the noise subsided, others were closed and their owners beat time with them while they stood bareheaded in the rain and sang the Austrian national air and *Die Wacht am Rhein*. Sometime after 2 o'clock the crowd moved on, cheering and singing as it went. The next morning we were told that Serbia had declined to yield to the ultimatum sent her and Austria was at war.

All day Sunday the streets were full of people and there was much cheering, singing and speech-making. We thoroughly enjoyed the excitement and spent a good deal of time following the crowds and watching the demonstrations. It made us think of a college town after a football victory only the singing was so much better.

The next morning we left Innsbruck for Switzerland and at the station had our first glimpse of the serious side of all this. Trains full of soldiers were leaving for the front and while the crowd and the soldiers still cheered and sang, women could be seen wiping their eyes on the handkerchiefs they waved. One splendid-looking, old man led the singing with tears glistening on his beard. We waved to the soldiers then boarded our train, hoping that the war would be a short one and that all these brave fellows would soon be coming home. We rather regretted leaving all the excitement but soon forgot our regrets in admiration of the wonderful scenery through which we passed, and in planning the trips we would take while in Switzerland.

We reached St. Moritz that evening and there spent a month of anxious waiting and uncertainty. In less than a week the Swiss army was mobilizing, banks were closed, war bulletins were posted in the hotels and the two questions, how to get news and how to get home, began to be the chief topics of conversation. The English translations of the bulletins were sometimes very amusing, as when we read, "Fron-



tiers have been transgressed in several places and shoots of cannon are heard in direction of Luxemburg." Also, "Uncontrollable rumor that Japan have declared war on Russia," and one day, when quite a group stood waiting to read, the bulletin was headed, "China have declared itself neutral," which caused a general smile.

On August 6, the soldiers marched into St. Moritz. About two hundred were quartered in our hotel, most of them sleeping on mattresses put down on the ball-room floor. Some of the ladies at other hotels had started knitting for the soldiers and we decided that we would like to be of some help too, so I suggested that we might put up dressings for the use of the Red Cross. Through the courtesy of Mr. Badrutl, the proprietor of the Palace Hotel, we were able to meet the army doctor. He was much pleased with our offer and asked if we would like to go with him to the little infirmary he had had fixed up in the basement of the hotel and there he could show me their surgical dressings.

We found a fairly good sized room containing a few single, iron beds, some straight chairs and a box about the size of a small trunk which contained all their medical supplies. The dressings were all put up in tiny packages, wrapped in wax paper, then other paper and marked in three languages, French, German and Romansch. The doctor told us that they should really be marked in Italian too, as many of the men could read only that language and all their records had to be kept in three or four languages. The soldiers each carry a package of these sterile dressings and are taught how to apply them. There were little gauze pads impregnated with a disinfectant powder, and large, thin, muslin squares to be used as a bandage or tourniquet. Then there were larger gauze compresses and bandages, etc. We borrowed a compress to copy, learned what size sponges were used and the length and width of the bandages most needed. At that time a battle was being fought near Basle and many wounded men were being cared for there and in other Swiss frontier towns.

We bought all the gauze to be had in the town and went to work. We made compresses, sponges, bandages and packing, then invited the doctor in to inspect and criticize. Mr. Badrutl had also arranged to have all the dressings we made sterilized at the hospital at St. Moritz, so we bought some muslin and wrapped a package of each so that the doctor could show us how to mark them in French. He made some suggestions and volunteered to order a hundred yards more gauze for us to work with and Mr. Badrutl supplied us with some old soft linen which we made into compresses. We had the satisfaction of seeing the last of the hundred yards wrapped and marked before we left St. Moritz

on the special train our government had arranged to take Americans to Paris.

After we left Geneva we realized more than ever the awful suffering and misery of this dreadful war. At nearly every station we saw nurses and always soldiers and we passed several trains filled with wounded.

At Ambureaux, where we stopped for fifteen minutes, the nurses were selling flags and fruit for the benefit of the Red Cross. I talked with one and she told me that they kept no patients in the station but that nurses boarded the trains and took water and food in to the wounded, doing everything they could to make the men more comfortable. If any poor fellow were dying he was taken off but most of them went on to Lyons where the hospital facilities were better. Although it was only the twenty-seventh of August, over a thousand wounded had passed through the town.

At Lyons, where we stopped for some time, I talked with another nurse. She had no idea of the numbers that had come to Lyons but they were coming every day. The English special train was just ahead of ours and a crowd had come to the station to welcome them. They were cheering and singing the Marseillaise. The nurse looked at the singers. "It is well they can sing and of course I am glad that the English are with us and" with a glance at the American flag pinned on my coat, "the Americans have been very kind and generous but me, I cannot sing. The suffering is too dreadful. But it is wonderful to see how everyone works and tries to help." She smiled and hurried away. Her words came back to me many times in the few days we spent in Paris. The Germans were nearer Paris during those days than they have been at any time since war was declared, yet we saw no sign of panic or undue excitement. Even when the bombs fell and the soldiers fired at aeroplanes from the buildings all about us, the people just stood and watched.

I talked with several clerks in the stores. They all said about the same thing. "Paris will never be taken." Nearly every one I talked with had some friend or relative at the front and spoke with anxiety of them but seemingly had no fear for themselves. War was war and all must do their utmost for France. "The bombs?" "Yes, that was an outrage but what could you expect from the Germans? They would never reach Paris, never." And that was the end of it. They continued with their work, polite and attentive as usual. No one complained of the high cost of living, although business was poor, of course. Many of the shops were closed for a couple of hours during the day. Others had the shutters up for an indefinite time, but every one seemed to be making the best of things.

At Havre, every hotel and lodging house was crowded beyond its capacity and the stores there were doing a big business. The town was filled with English soldiers and tourists. At a cafe we talked with two English officers who were doing commissary duty. They assured us that we need not be impatient if we had to wait a long time for our luncheon because when it came it would not be fit to eat. We asked them to direct us to a better place but they only laughed and said all were about alike and did not hesitate to tell me they would be glad to see the last of the tourists as they interfered with the army supplies. Judging from the food we had, we concluded that our ship had not interfered very much, but the discomforts of the voyage only served to increase our delight when at last we beheld the "Statue of Liberties" as one of our German-American friends called the goddess.

## II

LYCEE PASTEUR, September 14.

*Dear Jean:* Your letter was received this morning. You ask why I don't come back, Is it because you do not know me? All my life I've waited for just this opportunity and now I'm not going to miss it for anything in the world, and neither starvation nor cholera nor anything else will drive me away.

Oh, we are having a wonderful experience! It fires one's blood like iron. I've been to the battlefield on the ambulance. I've talked with and cared for the soldiers, English, French and Belgian, and even a few German (prisoners). I've scrubbed the poor bare knees of the Highland laddies but one never thinks of fatigue, nor hunger, and I can't imagine how any nurse can sit by when she is so badly needed over here. Even the society women (poor things) are dressed in white uniforms and fly around like chickens with their heads off, but some have real good sense and do good work, like Mrs. W. K. Vanderbilt, Sr. who is a real help and roughs it just like the nurses, working just as hard. Dr. Blake operates here with Dr. du Bouchet each day and is doing fine work. We have General Snow of the English Army and his A.D.C. and valet, several captains and lots of private soldiers. Though it is a French military hospital, it is organized and financed by Americans and they are doing it on a splendid scale; it can accommodate 400 to 500 patients; has only 35 graduate nurses, 15 Americans and the rest English, while the rest of the nursing is done by artists from the Latin Quarter and English, French and American society women. We did have over 60 nurses who volunteered, but when the Germans came within bomb-throwing distance they fled away in terror,

leaving us only 35. One or two have straggled back from Italy in the last day or two and we have the laugh on them.

Now, my dear, I won't have you abuse the French soldiers, for you don't know what you are saying. You haven't lived among these people three years as I have. They are wonderful men, doing quite as good work on the field as the English. They may be showy in the ballroom and on parade, yet if you saw them march off to war as I have, you wouldn't see much glitter in the uniforms, coarse blue coats and red trousers, heavy knapsack, with coarse blanket, tin cup, etc. They are brave fellows and such good chums with the Englishmen. They don't understand each other, except the officers but they make signs and laugh and hug each other, simply killing. I laugh and cry in the same breath. The English have a war cry "Are we down-hearted?" and the whole company yells "NO." The French use it, too. The least I can say about what I saw on the ambulance, the better. It isn't a lovely sight to see the bodies of horses and men lying about, mangled beyond description, or what is perhaps worse, some living, but too far gone to be touched, whom we can only help by giving a heavy dose of morphine to let them pass out in peace.

The French women are doing splendid work, brave and helpful; and hardly one of them is without two or three members of the family in the army. Some haven't heard a word since they left but they work bravely on making clothes for the homeless, tending the sick and doing the men's work in all departments, running the trolleys and trains; and with such a kindly feeling for the English, the sight of a khaki uniform or a kilt sets them wild with joy and they smother them with kisses. The boys are terribly spoiled, some have swelled heads, but no one minds and everyone is willing to adore for the time being.

We have the funniest types of women nursing, one, a swearing, crazy countess, twenty-five years old, good looking, daredevil, who cut off her hair and dresses like a boy because her maid ran away and left her and she says she can't dress herself, though she rides like a cowboy. She has turned her car into an ambulance and acts as chauffeur to carry in the wounded. Other freaks run around with flowers and games and want to write letters for the soldiers, and act as interpreters and they do ask such crazy questions. We have some of the famous Turcos, the black French subjects, Mohammedans from Algeria, who are absolutely fearless. Nothing pleases them more than a hand to hand fight with a bayonet. They say they even charged up to the cannon's mouth and killed the gunners. We dare not tell them there are ten Germans here or they would get out and kill them. I have charge of the French officers and they are a fine set of men. They visit

back and forth to the English wards and exchange cigarettes, jokes, and flirt with the real and imitation nurses.

Truly, the Americans never do anything on a mean scale and for a temporary hospital this is a wonder. The food is excellent; we have a chef from the Carlton House, Paris. The millionaires send fruit, wine, milk, etc. We all wear the brassard of the French Red Cross and must carry identification cards and photographs.

I'll never forget the last few days I spent in town before coming here, when the Government moved to Bordeaux and took the money and jewels and pictures and even the newspapers. Each day at 4 p.m. the German aviators came to throw bombs on Paris and dropped down messages saying the Germans were at the gates of the city and it had better surrender at once, but they couldn't spread panic among all the people. The timid ones, mostly English and American, crowded the stations, even slept on the floors at night, waiting a chance to crush on the trains. They paid first class fare for third class standing room; but the brave ones only laughed, tore the messages to pieces, and said "Come on, we dare you."

Paris is all dark now, closed at 8 p.m. Imagine gay Paree! boulevards all dark, no show in the theatres, Red Cross and Allies' flags everywhere, every cabaret a workshop making clothes for the poor.

## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service*

### EUROPEAN SERVICE

At last we are receiving more definite information from the units of nurses assigned to duty in Europe. A long letter came recently from Helen Scott Hay in which she gives an account of their trip from London to Petrograd. I quote the following:

We left Falmouth Wednesday morning and arrived in London that evening about 6 o'clock.

The nurses were allowed to go to the theatre, but I remained at home as I expected a call from Mrs. Fenwick. She was most helpful and comforting and I had a fine visit with her. She brought a lovely bouquet of roses and saw us off at King's Cross next morning.

The various war notices—"Your King and Country Need You," etc., are quite thrilling, and one is much impressed with the reserved attitude of the English with it all.

Trip to Dundee most interesting with fine glimpses now and then of York, Durham and Edinburgh Castle.

At Edinburgh Miss Breay of the *British Journal of Nursing* met us, telegraphed to by Mrs. Fenwick, and with her arms full of Scotch sweets for us.

Over the wonderful Firth of Forth Bridge we sped in the early darkness and were soon in Dundee and escorted to the Police Station. There our passports were examined and credentials obtained.

We arrived at Gottenberg, Sweden, at noon on Sunday and were soon off for Stockholm, landing there at 10 p.m. The scenery all along was most beautiful, farm and forest land with the vivid hues of our own autumn season. We were welcomed by one of the Illinois Training School Swedish graduates and entertained by the local Red Cross. Dr. McGill and myself were invited to tea at the Russian Ambassador's, where we met our own Mr. Morris.

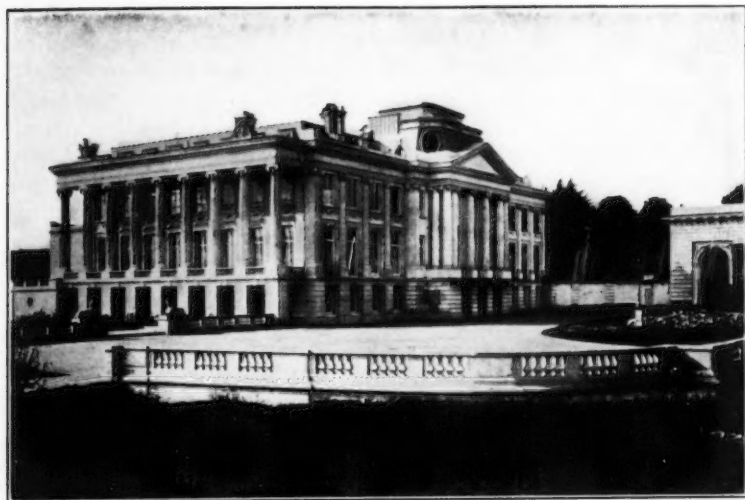
The trip across the Baltic Sea was certainly the worst I have ever endured, but it was only eighteen hours long. Later we received this message from Russia, "Welcome! We are waiting two weeks already for you."

Then with all custom regulations waived for us, we were taken in groups of from two to five to the various homes where we were to be cared for.

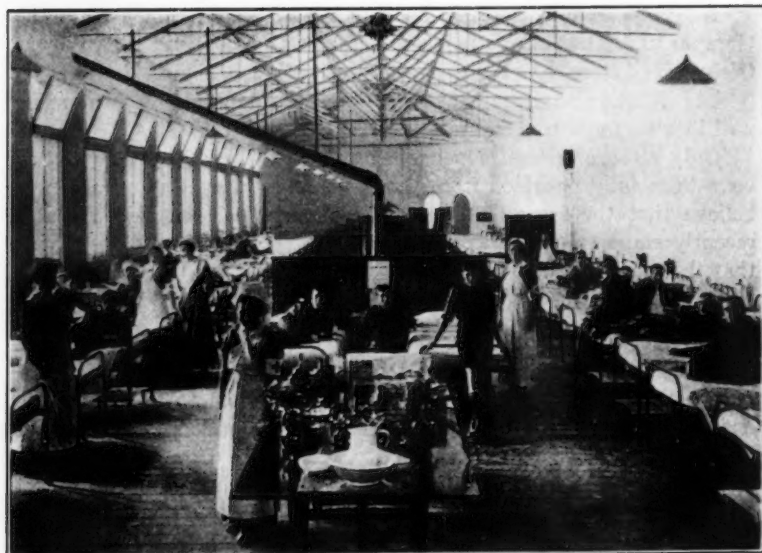
Petrograd, today at 1 p.m. We were taken from the train through the room called "The Emperor's Room" at the station and a grand speech of welcome was made by the Russian officials. They expressed their appreciation of our country's help twenty-five years ago in time of their great famine, and of our present help.

In order that there might be no misunderstanding on the part of the Russians in regard to our personnel, the medical officers were en-





WAR RELIEF HOSPITAL, OLDWAY, PAIGNTON, DEVONSHIRE



UNIT F. (BOSTON NURSES) AT WORK

tirely outfitted in Russian uniforms and the medical directors with much ceremony were given military titles. Before leaving for Kiev our units were given until noon of a certain day in which to send out any letters they desired to have go uncensored. After that time everything must come through subject to the approval of the Government and they were cautioned, before leaving Petrograd, that it might even be necessary for them to withhold a statement concerning their whereabouts. This sounds all very business-like and rather assures us that the Russians have taken our units really as their very own.

Both units assigned to England are on duty at the American Women's War Hospital, Oldway, Paignton, Devonshire. Lady Paget, the Duchess of Marlborough, and many other American women who have married in England are interested in this hospital and were most anxious to have it under the direction of our Red Cross units.

Both French units are at Pau, France, which is unfortunately some distance from the scene of action, so that their service has not as yet been as active as we could desire.

In a clipping recently sent me from the Paris *Herald* it is stated that the American Hospital at Pau is now working busily and the French medical authorities who have visited it are loud in their praise of its admirable management and arrangements.

No very definite information has as yet been received from the German units, but one is assigned to duty at Kosel and the other at Gleiwitz and from the meagre reports received seem to be fully occupied.

The Austrian units are at Vienna and Budapest and seem to be well located for active service.

Only meagre information has been received from Servia, but they have been fully occupied from the first and we have every reason to believe that the second unit sent over was much needed. A cable recently came to this office through the Department of State saying that the nurses were all well.

#### HOW NURSES MAY HELP

Groups of nurses in various sections of the country are assisting in the preparation of surgical supplies which seem to be very much needed. A friend who has recently returned from Austria states that not more than one patient in twenty brought in from the front has had a first dressing, due to the lack of such supplies. I feel sure that should nurses wish to assist in any form of relief work, their time could not be more usefully employed than in the preparation of the simple surgical dressings which have been adopted by the Red Cross.

The District of Columbia Red Cross Chapter in coöperation with the Graduate Nurses' Association of the District has recently opened a headquarters for surgical supplies at 710 Eleventh Street, N. W., in the shopping district, where information concerning these supplies and work of every kind for European Relief can be secured. Members of the Graduate Nurses' Association have agreed to be present at times during the day, not only to assist in making the dressings but to give instruction to others interested. A large work table with bandage rollers, gauze and other material has been provided. Patterns and samples of materials for garments are shown as well as knitted articles and samples of wool. Various placards give information in regard to the cost of supplies and it is hoped that similar bureaus of information may be opened in other sections of the country where Red Cross nurses may coöperate.

The following placard is used not only at headquarters, but in shopping windows about town:

HELP THE WOUNDED SOLDIERS AND SAILORS IN EUROPE BY GIVING MONEY, ABSORBENT COTTON, GAUZE AND BANDAGES. DONATIONS SENT TO COUNTRY DESIGNATED; OTHERWISE, WHERE MOST NEEDED. COME AND HEAR ABOUT RED CROSS WORK IN ALL ITS BRANCHES.

What our Red Cross can do for a wounded soldier in Europe with your contribution.

- 1 cent will buy iodine to disinfect a wound
- 1 cent will pay for enough gauze for one dressing
- 5 cents will buy a bandage
- 8 cents will pay for a temporary splint
- 10 cents will provide enough chloroform for an operation
- 25 cents may save a limb or a life
- \$19.00 will pay for 100 pounds of absorbent cotton
- \$21.00 will pay for 1,000 yards of gauze
- \$35.00 will pay for 1,000 sterilized bandages
- \$40.00 will purchase 100 pounds of chloroform.

Extract from letter of Dr. Ryand, Director of the hospital unit sent to Servia, dated October 20:

We arrived at this place on October 16 and were immediately put in charge of the big hospital here. Since starting we have had absolutely no time for anything but work and sleep. Many of the wounded had not been dressed for several days, and as we have about 150 and it is necessary to dress them every day, it is eleven o'clock before we get through, and some nights later. The nurses work from eight in the morning until seven thirty, with time off for meals. The cases turned over to us are in many instances of long standing and require constant attention. New cases are arriving steadily and we will be overrun in a very short time. Surgeons are very scarce here, and as we have about 50,000 wounded scattered throughout the country, you can readily see what the conditions are.

## NURSING IN MISSION STATIONS

### A GLIMPSE OF MEDICAL WORK IN CHINA

By C. IRENE K. SUMNER<sup>1</sup>

*New York, N. Y.*

It has been my happy lot while travelling in China to see something of the hospital and dispensary work that is being done by different missions all over the country, work that has so often been the wedge to open the doors of the Chinese to the preaching of the Gospel of Christ.

It is most inspiring to see what excellent work is being done under almost insuperable difficulties and the result of years of patient waiting and striving is seen in the well-equipped hospitals that are to be found in the larger towns and ports, for instance those in Peking, Shanghai, Foo Chow and Kiu Kiang. Some of these hospitals are training schools for Chinese medical students, others are giving Chinese nurses a systematic, three-year training.

Up-country there are still great difficulties to contend with in carrying on medical work. Imagine first the fear and distrust of the people, the difficulty of dealing with them in a foreign language (and Chinese of all the languages!); the hopelessness of the cases that come too late, half-killed by the fearful remedies of the native doctors; the absence of nurses of any kind; the lack of appliances; the dangers of a riot if a patient should die, particularly after an operation. Imagine some of these hindrances and you will find that it needs a high order of courage and love to do pioneer work whether as doctor or nurse in this country. We at home find it so easy to criticize, with our up-to-date hospitals and perfectly organized nursing system, that it is well for us sometimes to think of this work done by our sisters in loneliness and difficulty, in unhealthy surroundings, with extreme discomfort, day in and day out. This devotion of obscure lives, this accumulation of self-denial, this taking up of lowliest burdens, surely this is a great career and our criticism seems poor and mean in comparison.

One of the hospitals that I saw was Dr. Mary Stone's at Kiukiang on the Yang-tze River. Dr. Stone is a very charming Chinese woman

<sup>1</sup> It will interest our readers to know that since this article was sent to the JOURNAL for publication, Miss Sumner has been at work in Belgium and when last heard from was the nurse in charge of the wounded at the Chateau den Brandt, Antwerp.

who graduated in medicine in America. So much has been said of her hospital and work that I will only touch on it. It was the only mission hospital I saw that was entirely managed by Chinese without the help of foreigners. This fine hospital has 100 beds for women and the nurses receive a three-years' training. When they are graduated they are in demand all over the country. The dispenser, the anaesthetist and the nurses were well qualified, well trained women and they looked remarkably neat in their white coats and trousers and white overalls. They have intelligent, sweet faces and also very gracious manners, an asset that our vaunted education sometimes leaves us without. There was no hurry, no bustle, yet everything seemed to be done. I think it is

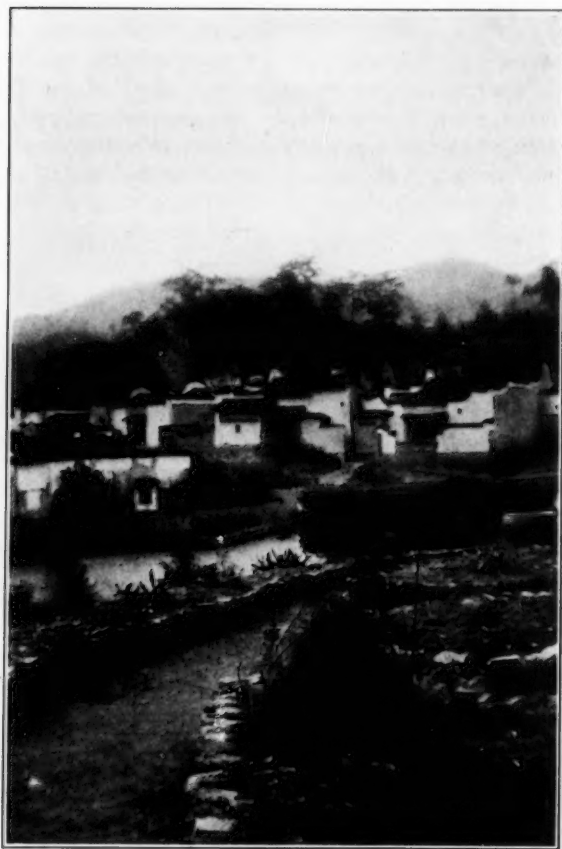


DR. MARY STONE AND THE BRIDAL PARTY AT KIU KIANG

a Chinese characteristic to go on without stopping or tiring with unfailing sweetness of temper.

I arrived in the middle of a pretty ceremony. A protégée of Dr. Stone's was marrying one of the prominent men of this enlightened town. They were both Christians and the wedding was a compromise between a Chinese and American ceremony. Many of the nurses were among the bride's attendants, looking very pretty with their wreaths of flowers. I took a snapshot of them on the steps of Dr. Stone's house.

To give you an idea of the work, Dr. Stone sees about 20,000 patients in a year, taking the hospital and her private practice together. It



SA IONG



is wonderful how much work she manages to accomplish, the evangelistic aspect of which is never obscured.

For some months I was at Sa long in Fukien province, where the small dispensary is doing big work. It is under the care of a trained nurse who is working valiantly under difficulties. It makes one's heart ache to know how often a doctor is needed, both for advice and for operations. The nearest doctor is a two-days' journey away. It takes a great deal of study, obscure cases often presenting themselves, and



A BABY WHO WAS THROWN AWAY  
AND ADOPTED BY THE CHINESE  
TEACHER'S WIFE

NGUK SENG, THE HOSPITAL MATRON  
AT DONG KAU

diagnosis is difficult. I remember one case in particular, of a man who had extensive ulceration of the leg. I had never seen anything like it. We wondered if it could be one of the many forms of leprosy but the short history rather negated that. This little dispensary has four beds and naturally, with so limited a space, only the worst patients can be admitted though on the other hand, patients who ought to come in will not trust themselves to the foreigner's care.

Foot binding is almost universal in this province and it is very sad to see the women hobbling along on feet that look something like nine-

pins. They carry heavy children and it is pathetic to see them try to keep their balance by taking tiny steps on a small spot of ground in trying to stand still.

Tucked away among the hills in this lovely province of Fukien is the Mission Compound at Dong Kau. There is a well built and well arranged hospital for women under the care of an Englishwoman who is a clever doctor. There are forty-five beds which are nearly always full. This is a mission that has grown largely owing to its medical work. Many of those who have found peace for their bodies in the sheltering walls of the House of Healing have opened their hearts to the balm of the gospel of love.

Besides the hospital for the women, there is a dispensary for men that has a large attendance. Syphilis and all its attendant ills is horribly rife. I saw some awful cases, one in which the nasal passages were entirely occluded and the mouth nothing but a mere hole.

The destruction of girl babies is terribly common in this province. One woman who came up with a baby had thrown away five girl babies and had been made to take this one back by the missionaries after it had been found on a dust heap, alive after two days' exposure.

There is a very competent little Chinese matron at Dong Kau. She is a Christian, as are her two assistants. A Bible-woman lives in the hospital and teaches those who are willing to listen to "the doctrine" or talks to the women who are unable to get up. Some of the children who have been there a long time know the gospel story by heart and will ask for the Bible pictures and take them to show the others, explaining with all the zeal of small evangelists the story of our Lord's life.

The work in the hospitals up-country is largely medical, partly owing to the fear the Chinese have of being operated on and partly the impossibility of getting efficient assistants. The days have not yet passed when the death of a patient after an operation will empty the hospital and in some places, cause a serious riot. The medical work is good and particularly interesting in the study of certain tropical diseases. A microscope is most valuable and aids materially in diagnosis.

To be in this great unchanging country now in the throes of her new birth is a wonderful experience; China crying out for education, China asking for western methods, imploring us for hospitals, training her men and her women, and yet—one has only to go up-country a little off the beaten track to find ignorance, superstition and the terrors of heathenism. They are possessed by the fear of evil spirits; they are haunted by devils; they are encompassed by the limitations of the middle ages.

Still this leavening and uplifting work goes on, slowly and surely, combating the evil, teaching the ignorant, straightening crooked paths, preparing a way for the Kingdom of our God, the Kingdom of righteousness and peace. Let us help by our comprehending love if we can help in no other way.

## A ZULU CHRISTMAS TREE

BY MARTHA S. MACNEILL

*Natal, South Africa*

I want to tell you civilized people about a real true Christmas tree. You should have seen my four native nurses, Elizabeth, Edna, Nomhlalnze and Julia, when I suggested a Christmas Tree. "Oh, Miss MacNeill," they all exclaimed in chorus, "We have wanted one so long."

We had just closed our men's ward temporarily so that gave us a big, long room apart from the patients. Dr. McCord had a farm near Durban where most of the hospital help live. That gave us a possible place for finding a tree.

Christmas Eve, just after lunch, I took our garden boy and started for the tree. Holly trees do not grow in Africa and fir trees are scarce. There are no pines in this country so we decided to get a branch from a tree called "vemsinsi." This is a large tree with thick foliage and well adapted to the use to which we wished to put it. Margaret and I pulled down all the vines we could carry and quantities of ferns and other green things. Then we started for the hospital.

O, the joy of decorating that tree! The nurses, Mrs. McCord's housemaid and cook and my hospital cook, a few of the almost-well patients and some of the nurses' friends, had all brought their gifts and we tied them on. Dr. McCord brought over his phonograph. The natives know very little about games so we determined to give them some fun.

Soon after dinner Mrs. McCord came over and we invited all the natives in. Such delight! That Christmas tree must have seemed wonderful to them. They sometimes have them in the afternoons but I suppose a tree decorated and lighted at night was a new sight to most of them.

I left a convalescent in charge of the few ill ones we had in the hospital and we all entered into the fun. First we got a sheet, put a tiny bit of cotton wool in the center of it, arranged half of the people on each side of the sheet, holding it firmly. The object of the game was to see which side could blow the ball off the sheet on the opponents'

side. This caused shrieks of laughter. Next we played "hot potato." If none of you have played "hot potato," you have missed a treat. After that the doctor started the phonograph. This was a marvel to the natives especially so because he had made some Zulu records. When this commenced I went up stairs to take charge of the patients and allow the women to come down.

I made sure that all the patients were sleeping soundly then I seated myself comfortably at the top of the stair to read. Just as I had become deeply interested in the ghostliest part of Dickens' "Christmas Carol" I heard some mysterious noises. I looked up, and if Marley himself appeared I could not have been any more surprised. From the obstetrical ward emerged three gowned figures who were supposed to be confined to their beds. From the surgical ward appeared two black heads, one a foot case who was scarcely able to move her leg, the other a vesico-vaginal fistula case who was not allowed out of bed. When I managed to pull myself together and realize that these apparitions were not supernatural, I sent three confinement cases to bed, then went into the surgical ward. I helped two patients back to bed who of course suffered agony upon trying to move after they had been seen, and I also found a boy who had just been operated for hernia, sneaking quietly back to bed.

The cause of this eruption, as you can guess, was the phonograph. The patients evidently thought that we had something from another world. Next day the doctor took it upstairs and you should have seen the patients' faces especially when they recognized the voices of their friends who had made a few records.

This was a very, very, civilized Christmas Tree. It is interesting to hear Mrs. McCord describe some she has seen especially among the poor, partly civilized natives in the country. They sometimes suspend from the limbs squawking, live fowls, bags of beans, potatoes and other articles of food.

## FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

### THE INTERNATIONAL CONGRESS

The time is now here when we must finally abandon our earlier plans for International Day at San Francisco; our foreign members are being heard from and most of them had supposed that before this time the Congress would have been called off. We in America, however, wished to wait until the very latest possible moment before doing this and agreed that this moment could not be deferred beyond the early part of January.

Holland members write that they have no hope of sending delegates from that country and from there we also get word from Sister Agnes, who has had no time to write directly, but has told Miss Hubrecht that she has given up all idea of coming to the meetings. The German nurses are, of course, too deeply plunged in war nursing to think of anything else.

From New Zealand comes Miss Maclean's opinion that International Day should be given up. Similar word comes from Mrs. Klosz, in India, who sees no chance of India's taking part except by the possibility of furloughed, missionary nurses who might happen to be in this country. They, we hope, will come to San Francisco in any event, as part of our American membership. Miss Hagiwara writes from Japan that she cannot come, though she hopes that her country may participate, yet it is evident that the war shadow shuts off all other plans.

From China we had, some time ago, the gratifying promise that the Nurses' Association would join and that Elsie Chung would be sent by the Chinese government as its authorized delegate. This, we hope, may still come to pass and the American Nurses' Association will welcome Miss Chung and the Chinese nurses as heartily as the International Council would have done.

Denmark, alone, of European nations, is still ready to send papers and delegates, but has been surprised at not hearing before this time that International Day would be postponed. We have written to them to come if possible, and bring their papers and make a part of our local program. No definite advice has come from England and we still hope that Mrs. Fenwick and Miss Breay will come.

Taking these things into consideration, therefore, the American Councillors and Miss Goodrich, the international president, have decided not to attempt the usual program for International Day, but to hold the usual executive meeting of councillors and officers as announced in the earlier schedules. In this way the thread will be held and carried over for future meetings; we can take in new members, re-elect the officers, consider plans for the next meeting three years from now, and do what is possible to save our international union from the stupid mania of destruction, suspicion and hatred that is now sweeping the earth under the false titles of "patriotism," "honor," "defense of country," and all the other specious phrases used by men to deck their deeds of piracy, land-grabbing, highway robbery and murder. We break no neutrality, for we hold all equally guilty, and reiterate the declaration of the absolute proofs of men's utter unfitness to rule and carry on governments. They are too truculent, too jealous and too provocative, and we can see no hope for humanity except in the arising and awakening of women and the strengthening of the international idea.

Our American meetings, then, in San Francisco, will take place and all who can come from other countries will be welcome.

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#### NOTES FROM THE WAR ZONE

Every woman in England is doing what she can to aid the soldiers at the front. A working party of poor mothers in a village near Weymouth, on the south coast, filled a Christmas box with mufflers, socks, mittens and abdominal belts of their own manufacture. To these were added writing materials, cigarettes, chocolates, peppermints, pocket books, soap and "housewives," containing needles, thread, buttons, etc. Each individual parcel had a Christmas card and a few words of greeting. After this box was dispatched they began to work for the destitute Belgians. A lady in Dorchester, Dorsetshire sent a thousand plum puddings as a Christmas gift to one regiment.

On the 29th of November the American Hospital at Paignton was visited by Queen Mary. She was received by the staff and expressed her appreciation and admiration of the arrangements made for the care and comfort of the inmates.



## DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

ILLINOIS. The nurses of the Dispensary Department of the Municipal Tuberculosis Sanitarium of Chicago have recently adopted a very serviceable and becoming uniform. The out-door consists of a long, dark blue coat, made with straight lines, a broad belt in the back, a blue arm-band with the letters M.T.S. in white, and a small, dark blue sailor hat. The dress is of blue-grey gingham, made in one piece, uniform pattern, with high collars over which white linen turn-overs are worn. Stiff cuffs, slipped under the sleeves, complete the uniform. Rosalind Mackay (Post-Graduate Hospital, Chicago), formerly a head nurse on the staff, was appointed superintendent of nurses in August.

All of the larger staffs in public health work in Chicago, the School Nurses of the Health Department, the Visiting Nurses, the Infant Welfare Nurses and the Tuberculosis Nurses, representing a goodly and growing fellowship of over 250 workers, are now in uniform.

Recently the Dispensary Department of the Municipal Tuberculosis Sanitarium has taken over all the home bed-side care of advanced pulmonary consumptives, work formerly done by the visiting-nurses. Now practically all of the free tuberculosis work of the city is done by the Municipal Tuberculosis Sanitarium. Lest their interest in this problem should diminish with their responsibility, Dr. Theodore B. Sachs, president of the Municipal Tuberculosis Commission, gave a dinner on November 12 at the City Club for all the public health nurses, dispensary physicians and others interested in the care of the tuberculous poor. The subject for discussion was The Detection and Control of Tuberculosis and representatives from the tuberculosis, school, visiting and infant-welfare nursing staffs, told in turn how their organizations would coöperate in this big work. Then the discussion became general and social workers, physicians and nurses asked questions and contributed suggestions. Over 300 were present, and in order to conserve their interest and enthusiasm, Dr. Sachs has appointed a committee of four nurses, the superintendents of the tuberculosis, visiting, school and infant welfare groups, to formulate a plan of close coöperation, which will be printed for general distribution as soon as it is submitted and approved. In this way, every public health nurse

in the city will be on the alert to suspect and detect tuberculosis and will know just what to do with the patient. This is surely a practical method of coöperation and one that might be copied in other cities whether the public health nurses are under various organizations or in different groups under one central management. We have preached coöperation so long, it is a relief to take stock of our mutual helpfulness by beginning to practise it. There are few terms in the English language more overworked at present, than efficiency and coöperation. If nurses would use them less and observe them more, no great harm would be perceptible.

WISCONSIN. Do many nurses, anxious to improve their work or better their positions, realize that the University of Wisconsin offers excellent correspondence courses in English composition, sociology, public-speaking, political economy, domestic science and other subjects almost as valuable in our work? The superintendent and supervisors of the Visiting Nurse Association of Chicago are going to take advantage immediately of three of these courses and will be glad to correspond with other nurses interested along these lines. Doubtless an extension course in public health subjects, sanitation, hygiene, sociology, psychology and household management, could be arranged for nurses' use, if the demand were great enough. Won't our sister nurses in Wisconsin start this request for us? Of course, no correspondence work can take the place of an inspiring teacher and class-room discussion but a great many subjects can be mastered in this way, if the student is really seeking knowledge. So few of us can stop for post-graduate courses that we ought to take advantage of every other opportunity offered us for more effective work, and few institutions offer more opportunities than do some of our fine big state universities.

KENTUCKY. The Kentucky Tuberculosis Commission was organized in the spring of 1913. Desiring to establish effective work in the small community characteristic of Kentucky, it decided to institute public health nursing in each county. Believing that it would be impossible to dissociate tuberculosis from other preventable diseases in the public mind, the commission secured the services of three experienced public health nurses, Emma Hunt, Frankfort; Chloe Jackson, Lexington; and Mary Williamson, Louisville. Each nurse was sent for approximately two months to a community, under the auspices of a Woman's Club or other organization. As a rule the commission asked that this coöperation should consist of local supervision and the payment of board, lodging, telephone and livery fees. Each nurse worked out her own salvation under the general direction of the commission.

Her first work in every community was to talk with the physicians

who were asked to refer to her all cases of tuberculosis known to them. In many places few patients were discovered in this way for from one-half to two-thirds of the consumptives in each community were not under the care of any physician. The nurse then examined the death records of the two previous years and got names and addresses of families from local undertakers. She then found a way to visit these families for instruction and friendly advice. If she observed any suspicious symptoms, she immediately advised a physician's diagnosis and treatment. This showed the physicians that the nurse wished to work fairly and brought about their more effective and cordial coöperation. These beginnings led to the discovery of other cases of tuberculosis and sometimes patients suspicious of their own symptoms sought out the nurse themselves.

In addition, the nurse attended cases of typhoid fever, pneumonia and trachoma to demonstrate the possibilities of general visiting nurse service for humanitarian reasons and for educational and publicity value in the campaign. She also spoke before church audiences, Sunday schools, women's clubs, parent-teacher associations and before both rural and city schools. In at least two counties, every school was visited. As she talked to the children, she used this opportunity to watch for obvious physical defects. Numerous cases of adenoids, glands, defective teeth and anemia were discovered. Suspicious cases of hook-worm and trachoma were observed and parents were urged to obtain immediate and proper treatment for these conditions. Teachers were impressed with their responsibility in following up these cases; consequently, in three counties, medical examination of all school children is now planned, and this is in communities where medical inspection or the work done by the nurse would once have been considered an interference with parental prerogative.

In some communities this part of the commission's work has resulted in the employment of permanent visiting nurses. Support of the work has been obtained from city and county funds and through gifts from individuals, churches, lodges and other organizations, by the sale of Christmas seals and by the coöperation of the Metropolitan Life Insurance Company.

Ten counties have been organized, some of them very recently. Permanent nurses are at work in six communities. Mason County, the first one organized, has recently employed a second nurse and three other counties are looking for nurses. It is worthy of note that this visiting nursing has been successful in Kentucky communities, where little or no other social activity has been successfully worked out. The county rather than the town has been the field covered and al-

though it is impossible for a nurse to cover adequately a town of 7000 population, with at least as many more people scattered over the farming section of the county, the commission anticipates that other counties will follow the lead of Mason County and employ more than one nurse.

It is hoped that this organization will be the beginning of other social work, for already the nurses are being asked to supervise public relief cases and in the future the commission hopes that this effort to provide good nursing care for the sick in their own homes may be followed by medical inspection in every school, by appointment of truant and probation officers, and the establishment of small libraries and rest-rooms for country women shoppers, these last, perhaps, to be in connection with general free dispensaries.

WASHINGTON. During a typhoid epidemic in Centralia in November and December, 1913, a nurse was employed by the Health Department to administer typhoid vaccine and two nurses were employed to visit every reported case. The visiting nurses left verbal and printed instructions in the homes, reported all cases needing hospital care and detected several unreported cases. They made daily visits in homes requiring special observation and at first gave nursing care in the poorer homes but it was found to be better, from every point of view, to insist upon hospitalization for these latter cases. The state granted the use of the armory and this big building was turned into a temporary hospital where 70 of the worst cases were housed. This employment of emergency visiting nurses in time of epidemic is another proof of the value of the public health nurse to her community.

#### VACATION SKETCHES

*(Continued from page 216)*

*July 23, Edinburgh.* A beautiful city, much cleaner than Glasgow, though to the public health nurse, less interesting. Holyrood Castle and Abbey, St. Giles Cathedral, the Castle, John Knox's house and a drive through the steep narrow streets, long ago named succinctly "The Cowgate" and "The Cannongate," occupied our first day. We stopped at a hotel on Princes' Street, not far from the many-spined stone memorial to Sir Walter Scott from which he eternally views the passing crowds that throng "the most beautiful street in the world." For several miles, one side of Princes' Street is taken up with fine hotels, shops and public buildings, the other stretches out into a lovely park, sloping over the underground train-tunnels, up to the foot of the high hill on which is perched a fortress as picturesque as it is apparently

invincible. The grass is very green, so are the trees, the flower-beds are filled with bright blossoms, the whole city is so pleasantly attractive that a flying visit seems an aggravation. Memories of Queen Mary, Chalmers, Guthrie, Hume, Scott, Bonnie Prince Charlie and Flora MacDonald flit through one's mind, while the Covenanters are ever with us. In the brilliantly garrisoned Castle (quite literally brilliant for the bright red kilts, brown plaid trousers, black fur helmets and plaided Glengarrie caps of the different regiments made contrasts as startling as they were picturesque) we climbed endless weary stairs but were rewarded by a sight of the smallest Norman chapel in the British Isles, dedicated to St. Margaret, a peek at the royal jewels, and a glimpse of the room in which James I was born, a room in which few visiting-nurses would care to be called to assist—and by candlelight. Its small, single window dropped sheer over three hundred feet to such cruel looking rocks that it was hard to believe that his young mother willingly allowed him—at the tender age of three days—to be lowered in a basket to a group of loyalists who took the baby to a proper church for baptism and returned him, none the worse for his midnight adventure, to his mother. From the castle, one may go straight through the High Street to St. Giles Cathedral, where John Knox defied kings and rebuked queens and Jenny Geddes threw her stool at a preacher who had the temerity to attempt to introduce a ritualistic service. The stool, proof positive, is still on exhibition in the Antiquarian Museum. A fine bronze bas-relief of Robert Louis Stevenson by St. Gaudens kindles American enthusiasm but saddened the e'en of his old nurse, Alison Cunningham, whose child lived and died, a conqueror, not a victim, of disease.

A heart in the pavement just outside the Cathedral marks the site of the old Tolbooth and Jail famous as the "Heart of Midlothian" and reminds us that we are "walking over and past and through history." Down the street we stopped to inspect John Knox's house, a most interesting old mansion almost modern in appearance but interiorly its old stone fire-places and thick, thick stone walls and uncomfortable stone stair-cases convinced us of its antiquity. It is full of old furniture, portraits and books that delight the lesiurely traveler and the ardent Presbyterian alike.

It was nearly lunch time but tourist-like, we sped on, hoping to "do Holyrood" before our return. We were allowed to purchase admission tickets and were then kept waiting forty-five minutes in a cloistered walk of no special interest to hungry tourists, until the guides within had "shoved" a previous group through.

Since the militants have taken to knives and matches, women are



treated with frank suspicion in this land of men. The Castle is interesting, or would be if visitors were not herded through like restless sheep, but the ruins of the Abbey are so beautiful that one is glad that here, at any rate, restoration is impossible. To a nurse intent on city-planning that includes comfortable homes for the destitute poor as well as for the thrifty workmen, the enormous amounts spent here restoring castles and churches, seem inconceivably large and wicked. Edinburgh's high stone tenements are more picturesque and seem cleaner than Glasgow's but they are far from being good places for growing families. Its narrow streets and congested "closes" as its alleys and court-yards are called, need restoring sadly but we did not hear that ninety thousand pounds was to be devoted to their needs. We saw a cathedral in England on which this sum was being spent.

*July 24th.* One can't visit Europe without going into old churches and graveyards, and the grave of Adam Smith, the economist, and the Calton Hill burying-ground, where a bronze statue of Lincoln is erected to the memory of the Scotch-American soldiers who died in our Civil war, gave us food for thought next day. Beneath the epitaph is carved the following quotation from Lincoln, "To preserve the jewel of liberty in the framework of freedom." No American is more frequently quoted in England now than our former president and their appreciation is very sincere and keen.

Anyone interested in dispensaries should not fail to visit the Spittall Street Dispensary of the Royal Victoria Hospital for Consumption. This is an old church recently made over into a splendid out-patient building. A platform and moving picture screen stand at the pulpit end. Consultation rooms and dressing rooms have been walled off at each side of the church, while the gallery has been utilized for nurses' rooms, laboratories and a library. The body of the church is the main waiting-room and is furnished with bentwood chairs. The whole place is well lighted from the roof, and needless to say is very well ventilated. No tuberculosis society could afford to build such an ideal place, but I question if any unused stone church were ever put to better service. This is the dispensary of Dr. Robert Philip, the well-known tuberculosis specialist of Edinburgh, who has recently been knighted by the King. The Royal Infirmary of Edinburgh and some of its other hospitals are well worth visiting, but two days does not allow one to do everything.

*(To be continued)*



## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**PAINLESS PARTURITION.**—A writer in the *Medical Record* relates his experience with heroin as a means of relieving the pain attending childbirth. He gives one-twelfth grain of heroin hydrochlorate, hypodermically, as soon as the pains begin. Within twenty minutes the patient becomes drowsy and no longer suffers from the pains. The need of bearing down when she feels the contractions is impressed upon her. The physician leaves the patient, sometimes for an hour or two until labor is well-advanced. The effect of the one-twelfth grain dose lasts usually about three hours. It may then be repeated or a one-twelfth or one-thirty-sixth grain given. One-twelfth grain inhibits the sensory nerves but does not affect the motor nerves. Larger doses retard the pains. Its use lessens the condition of shock that follows labor and is apparently harmless to the child. The writer believes that heroin used as in the morphine-scopolamine treatment would give similar results unattended by danger.

**RINGWORM OF THE SCALP.**—The *New York Medical Journal* states that iodine combined with genuine goose grease is a valuable remedy for this affection, particularly in the early stages. Among other remedies, sulphur in 20 per cent ointment with 10 per cent naphthol is recommended. When inflammation is absent the parasiticide ointment chosen cannot be too vigorously applied.

**THE CARE OF INFANTS.**—In a paper on this subject in a German medical journal it is remarked that adults require different amounts of food at different times and under different bodily conditions and the same applies to infants. The amount of food should be adjusted, within certain limits, to the child's desires. If he is manifestly hungry a quarter or a half hour before feeding time he should be fed. Often a child can be made to assimilate its nourishment satisfactorily only after the nurse has carried it about, played with it or sung to it. It is necessary to individualize in each child's treatment.

**PINEWOOD SAWDUST AS A SURGICAL DRESSING.**—The *British Medical Journal* recommends the use of pinewood sawdust for operative wounds and septic cases of all kinds. Sawdust from the softer kinds of wood is best. It is sifted twice, the first sieve, number eight, contains eight threads to the inch, the second size, number forty, forty threads to

the inch. The very fine particles are discarded. The sawdust remaining on number forty size is put into bags made of butter muslin, in sizes regulated by the purpose for which they are required. These bags are filled two-thirds full and closed with colored thread. They are then sterilized by steam in the same manner as other dressings. After use they are emptied, the sawdust thrown away and the bags washed, boiled and dried for future use.

**HOT AIR TREATMENT OF GRANULATING SURFACES.**—The *Journal of the American Medical Association* quoting from the *Policlínico*, says that an Italian surgeon noticed that after a burn the parts left exposed to the air healed more rapidly than regions dressed with various salves, or merely shut off from the air. This suggested that keeping the surface dry would be beneficial, to obtain which a jet of hot air was applied. Rebellious burns promptly healed under from fifteen to thirty applications.

**DRUGS AND THE WAR.**—The *Medical Times* suggests that the shortage of drugs caused by the European war should be an immense stimulation to the domestic production of drugs. It states that there is enough digitalis growing wild in Oregon and Washington to supply the world. Cinchona can be obtained directly from South America, instead of through London and Amsterdam.

**RED CROSS SERVICE.**—It is stated that the Russian Red Cross is a splendidly organized force, with vast resources, both financial and institutional. Moscow alone voted it five million dollars on August first. The Austrian and Japanese Red Cross are also strong.

**CONTAGIOUS-DISEASE NURSES.**—For about a year and a half the city of Detroit has maintained twelve nurses for the special purpose of caring for cases of infectious disease. A report of the results is given in the *Journal of the American Medical Association*. The conclusion arrived at is that the contagious disease nurse is the most valuable agent of the health officer and the one best calculated to induce quarantined persons to take the proper precautions. The nurses are graduates, registered, or qualified for registration, and are each paid a thousand dollars a year. As soon as a case of disease appears the home is placarded and is immediately visited by a nurse. If the patient is sent to the hospital she disinfects the room. Otherwise she isolates the case in one room so as to permit the wage earner to work and yet sleep at home. She instructs the family in disinfection and sanitation, furnishes supplies if necessary, and netting to screen the doors and windows of the sick room. Frequent visits are made to see that directions are followed.

**SOFTENING HARD WATER.**—It is said that if hard water is frozen and the ice melted the resultant water is soft. This is explained by the fact that when water freezes the salts present in it are left behind so that the ice is very nearly pure water. Hard water can be softened by mixing it with milk of lime which converts the carbonic acid into calcium carbonate and causes the precipitation of the calcium carbonate present in the water.

**DIAGNOSIS OF SMALLPOX.**—A German medical journal says that the distribution of the eruption seems to be the most important point in differentiating smallpox from similar eruptions. It affects the regions exposed to the weather and to friction from clothes, such as the soles of the feet, etc., while the eruption in varicella seeks out the most sheltered spots.

**ERUPTIONS FOLLOWING OPERATIONS.**—The *Journal of the American Medical Association* quoting from *Surgery, Gynecology and Obstetrics*, says that eruptions occur, particularly after operations, on parts abundantly supplied with sympathetic nerve fibres, as the pelvic organs. They occur after any of the common anesthetics, ether, chloroform or nitrous oxide. There is a lack of constitutional symptoms, an erythematous or papular eruption with some itching and an elevated temperature. The eruption may simulate measles, scarlatina and the so-called drug exanthems. The exciting cause varies, drugs, enemata, anesthetics, and operative shock are included. The underlying cause is vaso-motor disturbance, due, probably, to irritation to the sympathetic nervous system.

**THE SPLEEN IN BLOOD FORMATION.**—The *Journal of Experimental Medicine* reports experiments in examining the blood entering the spleen and leaving it by the splenic vein. It is concluded that the spleen is a blood-forming organ of prime importance in animal metabolism.

**BLOOD WASHED AND RETURNED TO BODY.**—Two Russian experimenters report having removed blood from the bodies of rabbits, washed it and returned it without causing morbid symptoms. The blood was taken from the carotid artery, drawn into test tubes containing 1.5 per cent solution of sodium citrate to prevent coagulation. One-half of the total amount of the animal's blood was thus withdrawn. The washed blood, after treatment with normal salt solution, was injected through a vein in the ear. It is thought that when the blood is saturated with toxic substances, blood-letting followed by re-introduction into the vascular system of the blood that has been removed and washed, ought to be of great clinical value.

## LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

### INFORMATION WANTED FROM RURAL NURSES

DEAR EDITOR: I am very anxious to learn about school nursing in rural communities and am writing to ask if the JOURNAL could help me by asking nurses who are doing this work, or who know of any place where it is being done, to send me their names and addresses. I know that this work is being carried on in some rural districts but do not know just where or by whom. I shall be glad to defray any expense this may involve and shall greatly appreciate any assistance.

HELEN W. KELLY.

3658 Polk St., Chicago, Ill.

### A UNIQUE METHOD OF INVESTIGATION

DEAR EDITOR: An item of general interest to the nursing profession is a work of investigation started by Aida E. Soderstrom of the class of 1910, Methodist Hospital, Brooklyn. Miss Soderstrom has been employed by the New York Department of Health as school nurse for two and one-half years and as a result of her affiliation with the Erasmus Hall High School, the following ideas were evolved and are now being carried out. She wrote a letter to Dr. William H. Maxwell, city superintendent of schools, requesting permission to have the following questions answered briefly by the 4 B grade girl students of one or more high schools.

(1) Would you like to become a nurse?

(2) (a) If you wish to become a nurse why do you so desire? (b) If you would not consider the choice of the profession of nursing for your life work, what are your reasons?

The letter was referred to Mr. Meleney, Associate City Superintendent of Schools, for consideration, and permission was granted. It will be interesting to follow up this work and see what results will be obtained.

E. K.

New York.

### WORK OF A RESIDENT NURSE IN A COLLEGE

#### I

DEAR EDITOR: The inquiries of A. P. regarding the work of a college resident nurse, in the November JOURNAL, are well worth discussing, for we have no standard to which we may turn. I am glad to give my experience if it will be of any assistance.

While establishing preventive nursing in a college dormitory I found the keeping of office hours to be most beneficial. To make them of the greatest benefit, a real desire to be of service, upon the part of the nurse must be felt by the inmates. The nurse must make them realize that it is no trouble, but a pleasure, for her to talk over a disturbance of mind or body. By so doing she

may be able to guide the mind, the trend of thought, into healthy channels and check nervous tendencies. She may set straight careless habits of eating, of drinking, of sleeping, of elimination and gain the full confidence of each student. Through the opportunity thus afforded, "of going before disease" the beds in the hospital would be used for cases to be watched, rather than for illness. Gradually as confidence is established between the nurse and student, an opportunity for love and service will unfold, such as might have seemed impossible.

An hour before classes began in the morning, one at noon and one after the evening meal, seemed to fill the need in my work.

I had a written statement, signed by the college physician, authorizing me to give, as necessary, some of the simple medicinal remedies. You might be able to make some such an arrangement with a doctor recommended by the president or by whoever has charge of your department. If I can help in any way I will gladly do so by letter.

E. H.

Idaho.

## II

DEAR EDITOR: This branch of nursing does not appeal to some nurses as they do not feel that the work is big enough. The past year here afforded work in scarlet fever, diphtheria, mumps, chicken-pox, pneumonia, jaundice, insomnia, tonsilitis, grippe, hysteria, indigestion, heart trouble, sprains, fractures, dislocations, burns, wounds, eye and ear infections. As there was considerable smallpox in the city, it necessitated the vaccination of many of the faculty, student body, and help; all care and dressings, to the number of about four hundred, being done by the nurse. As the nurse's work among the students is to teach them how to acquire and keep health as well as to care for them when ill, no little work falls upon her if she is alive to, and interested in, the situation.

The infirmary is situated upon the edge of a beautiful grove, a short distance from the main buildings, accessible and yet quiet. It is a two-story building, with two wards which each accommodate four or six beds, four private rooms, three bathrooms, two diet kitchens, closet, office and small adjoining medicine room, a large room for the nurse and one for the maid who does all the house work. The second floor is used for contagious cases and is so arranged as to conform to the laws of the state in caring for three different cases at the same time.

The regulations are as follows: the card system for the record of all attention given students is used, and at the beginning of the year, on each student's card are recorded the address, date of successful vaccination, names of physicians, dentists, oculists, other than those selected by the president of the college. The nurse makes record of each patient's malady, care given, visits of physician, medicines, visits to dentist, oculist, and physician. She checks all bills before sending them to the parents. She arranges for chaperonage to the office of physician, dentist, oculist, and makes all such appointments whenever necessary. She arranges for a medical examination for all matriculants, which is conducted at the Infirmary by the college physician. Re-examinations are given as often as the conditions demand. The physical examination is made twice a year by the physical director in the gymnasium. Notification of illness is sent to the parents by the student herself or by the nurse.

An infirmary fee of \$5 is paid for the year which entitles each student to general care in her room, office and one week's care in the infirmary. Those



remaining over one week pay \$1 per day. For medicines, bandages, etc., a nominal price is charged. Students requiring night care, or having contagious diseases have a special nurse who acts under the resident nurse, the latter relieving special nurses whenever possible. The student pays for the special nurse and her board.

The nurse or maid is always at the infirmary so that emergency cases can have prompt attention. The nurse leaves word where she can be located whenever she leaves the building.

Office hours at the infirmary, when the nurse may be seen for consultation, are 7.30 to 8.00 a.m. daily; Sunday, 8.30 to 9.00; 4.30 to 5.30 daily except Saturday and Sunday. Emergency calls are attended to at all hours. The visiting hour for the sick is 4.30 to 5.30.

During morning office hours, the chairman of the look-out committee in each residence hall reports those ill in their rooms. Immediately after 8 o'clock, the nurse calls upon them, arranges for their transfer to the infirmary and, if necessary, reports to the physician, or if the indisposition is slight, arranges for meals to be sent up and attends to the little care necessary. Special diets are handed in to the matron of the hall. Before the afternoon office hours the nurse again calls upon the student if in doubt as to her condition. All suspicious cases go to the infirmary at once and are quarantined. In case of contagion the nurse fumigates the student's room in the residence hall and of course the one in the infirmary receives the same treatment. A written notice of sickness on the door of the sick student forbids all entrance. Students needing the services of a chiropodist must see the nurse who makes all such appointments. Those under care of their family physician must report to the nurse and no student may ever administer medicines to another. All illness is reported verbally to the president, in writing to the dean, who then issues excuses from classes to the head of each hall and to the matron of each hall.

The general care of those ill follows office hours, the early morning care, temperatures, etc., is given before the nurse goes to breakfast, but students are expected to do for themselves as far as is advisable. The nurse has her meals at an adjoining hall where she presides at a table with nine students.

The nurse is considered one of the faculty and is expected to join in all social affairs so far as her duties will allow. Whenever the opportunity arises, and I sometimes make the opening, I talk of nursing service in its various branches, encouraging them to take up the training. In this way I hope to get desirable young women into our training schools.

The college has a department of Home Economics and the nurse has six classes of 45 or 50 pupils in three sections for practical demonstration in Home Nursing. These classes are held in the infirmary.

There are four residence halls accommodating 325 students, 50 members of the faculty, and 75 helpers, making a family of 400 people who are at liberty to call upon the nurse at any hour of the day or night. The nurse has few night calls and little occasion to lose sleep, surely an advantage in favor of college work. It is true in this branch of service as in all other work, one gets out of it just what one puts in.

H. J. F.

Wisconsin.



# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

### AMERICAN NURSES' ASSOCIATION

#### NOTICE TO MEMBERS

The eighteenth annual meeting of the American Nurses' Association will be held in San Francisco, May 30 to June 5, 1915. All dues should be in the hands of the treasurer by April 30, 1915. No credential cards will be sent to associations or individuals in arrears. Information regarding either the special or the direct trip to California may be obtained from the chairman of the Transportation Committee, Mrs. C. V. Twiss, 419 West 144th Street, New York City.

KATHARINE DEWITT, *Secretary.*

#### REPORT OF THE NURSES' RELIEF FUND, SEPTEMBER, 1914

##### *Receipts*

Previously acknowledged.....	\$5231.04
Interest on bond.....	20.00
St. Luke's Alumnae Association, Cleveland, O.....	15.00
Nebraska State Association.....	20.00
Cleveland Graduate Nurses' Association.....	25.00
Indiana State Nurses' Association.....	20.00
Margaret J. Thompson, Washington, D. C.....	5.00
	<hr/>
	\$5336.04

##### *Disbursements*

Express on Calendars.....	\$5.00
1000 letterheads, 1000 envelopes.....	7.25
Postage, L. A. Giberson, Chairman.....	20.00
One-half payment for Calendars.....	1125.00
October 1, 1914.....	<hr/>
	\$4178.79

#### NOVEMBER, 1914

##### *Receipts*

Previously acknowledged.....	\$4244.02
Interest on bond.....	20.00
Annabella McCrae.....	3.00
Anna L. McCoy.....	1.00
Miss R. Z. VanVort, Richmond, Va.....	5.00
Belle C. McAtee, Leesburg, Va.....	3.00
Graduate Nurses' Association of the District of Columbia.....	14.00
The Nurses' Round Table of Chicago.....	5.00
Calendar Fund—L. A. Giberson, Chairman.....	.54
Oklahoma State Nurses' Association.....	17.00
Georgia State Association of Graduate Nurses.....	15.00
Sara E. Parsons.....	3.00
Calendar Fund, L. A. Giberson, Chairman.....	1.00
Genevieve Cooke, San Francisco, Cal.....	5.00
	<hr/>
	\$4336.56

*Disbursements*

North Carolina State Association, benefit No. 1.....	\$25.00
Balance December 1, 1914.....	\$4311.56
Eight bonds, par value.....	8000.00
	<hr/> \$12311.56

Contributions for Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers' Loan and Trust Company, New York City.

For information address L. A. Giberson, Chairman, Allenwood, Pa.

## RELIEF FUND CALENDARS

On account of the demands for war relief, the calendars have not sold as well as in former years and the price has been reduced to 25 cents each. Nurses are urged to buy all those remaining unsold that the expense of printing and distribution may be covered. They may be obtained from Miss Giberson at any time.

REPORT OF CASH RECEIVED FOR EXPENSES OF INTERNATIONAL CONGRESS OF NURSES,  
SAN FRANCISCO, CAL.

Previously acknowledged.....	\$71.00
Garfield Memorial Hospital Alumnae Association, Washington, D. C....	8.00
Medico-Chirurgical Hospital Alumnae Association, Philadelphia, Pa....	15.00
Mississippi State Association of Graduate Nurses.....	25.00
Nurses' Alumnae Association of the Philadelphia Orthopaedic Hospital, Pa.....	10.00
Bal. December 1st, 1914.....	\$129.00
Pledges or cheques should be sent to Mrs. C. V. Twiss, R.N., Treasurer, 419 West 144th St., New York City.	

## REPORT OF THE ISABEL HAMPTON ROBB FUND, DECEMBER 1, 1914

Previously acknowledged.....	\$14,218.92
Butterworth Hospital Alumnae Association, Grand Rapids, Mich., Mary Jane Smith.....	5.00
New Jersey State Nurses' Association, Camden, N. J., Mary E. Rock- hill.....	10.00
Nurses' Alumnae Association of the Jewish Hospital, Philadelphia, Pa., Irene Pullinger, Treasurer.....	5.00
The Graduate Nurses' Association, Adams County, Natchez, Miss., Bessie M. Knapp, Treasurer.....	5.05
The Church Home & Inf. Alumnae Association, Baltimore, Margaret Elliott, Treasurer.....	5.00
California State Nurses' Association, Sacramento, Cal., Margaret A. Pepoon.....	12.00
Graduate Nurses' Association of St. Louis, St. Louis, Mo., Mary E. Stebbins, Treasurer.....	20.00
Graduate Nurses' Association of D. C., Washington, Zaidee Kibler, Treasurer.....	25.00

# Nursing News and Announcements

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	Paterson General Hospital Alumnae Association, Paterson, N. J., Mary F. Welch, Treasurer.....	\$10.00
	Wisconsin Association of Graduate Nurses, Milwaukee, Wis., Emma K. Dermehl, Treasurer.....	10.00
\$4311.56	Albany Hospital Nurses' Alumnae Association, Albany, N. Y., M. R. Donald .....	5.00
8000.00	Clare Baker, 820 Addison St., Apt. A 5, Chicago.....	5.00
\$12311.56	Alumnae Association, Lakeside Hospital, Cleveland, O., Ora N. Lenhart, Secretary, 8121 Hough Avenue, Cleveland, Ohio .....	10.00
Treasurer,	Alumnae Association, Bayonne Hospital, 17 E. 34th St., Bayonne, N. J., Mae Bedell, Treasurer.....	10.00
Farmers'	St. Joseph's Hospital Alumnae Association, 740 Garfield Ave., Chicago, Ill., Loretta Casey, Treasurer.....	10.00
	Hahnemann Hospital Nurses' Alumnae Association, Inc., Philadelphia, Pa., Edith M. Frescohn, Treasurer.....	10.00
id as well	North Carolina State Nurses' Association, Davidson, N. C., E. May Williams, Secretary.....	10.00
nurses are	Matilda S. Johnson, 426 E. 26th St., New York City, (Return of scholarship with interest).....	106.00
distribu-	Missouri Baptist Sanatorium Nurses' Alumnae Association, 5132 Delmar Ave., St. Louis, Mo., Mary E. Rynders, Treasurer.....	5.00
y time.	Church Home and Inf. Alumnae Association, 1307 W. Laurate St., Baltimore, Md., Mary E. Thomson, Treasurer.....	10.00
	Lillian Light Memorial Association, Lebanon, Pa., Anna L. McCoy... ..	1.00
NURSES,	The Moses Taylor Hospital, Scranton, Pa., J. G. Grant.....	10.00
	The Georgia State Association of Nurses, Atlanta, Ga., M. A. Mabley, Treasurer.....	25.00
\$71.00	Luell C. Meier, Park View Sanitarium, Savannah, Ga.....	1.00
8.00	Alumnae Association of the Bellevue Training School for Nurses, 426 E. 26th Street, New York City, E. G. Paulding, Treasurer....	25.00
15.00	The Bishop Clarkson Hospital, Omaha, Neb., Ellen Stewart.....	10.00
25.00	St. Luke's Hospital Alumnae Association, New York City, Mary K. Smith, Treasurer.....	100.00
10.00	Grace B. Cook, 1364 E. 81st Street, Cleveland, O.....	4.00
\$129.00	St. Barnabas Hospital Nurses' Alumnae, 2433 Lyndale Ave., Minneapolis, Minn., Grace Brown, Treasurer.....	20.00
ur, 419	Leola Steele, 216 S. Poplar Street, Greenville, Miss.....	2.00
	New England Alumnae Association, Boston, Mass., D. Hodgins, Treasurer.....	10.00
4,218.92	Millicent B. Northway, 6424 Lexington Ave., Chicago, Ill.....	2.00
5.00	Annie W. Goodrich, Teachers College, Columbia University, New York City.....	10.00
	Jefferson County Graduate Nurses' Club, Louisville, Ky., J. O'Connor .....	15.00
10.00	Pennsylvania Hospital, Philadelphia, Pa., Margaret A. Dunlap.....	10.50
5.00	Evelyn Wood, St. Mary's Hospital, Rochester, Minn.....	2.00
	Hennepin County Registered Nurses' Association, Minneapolis, Minn., Bertha E. Merrill.....	30.00
5.05	Seattle General Hospital Alumnae Association, Seattle, Wash., Lillian E. Jus.....	10.00
5.00		
12.00		
20.00		
25.00		

Alumnae Association of Maine General Hospital Training School for Nurses, Portland, Maine, Mabel Blanchard.....	\$10.00
Graduate Nurses' Association of Connecticut, 109 Chestnut Avenue, Waterbury, Conn., Elizabeth A. Somers, Acting Treasurer.....	30.00
Rhode Island Hospital Alumnae Association, Providence, R. I., Edith N. Burke.....	10.00
Lynn Hospital, Lynn, Mass., H. Morris Kelley, Asst. Treasurer.....	5.00
Visiting Nurses' Club of Cleveland, 3290 E. 55th Street, Cleveland, O., Ethel M. Hanson.....	25.00
Alumnae Association of the Rochester Homeopathic Hospital, 21 Cornell Street, Rochester, N. Y., Emily J. Jener, Treasurer.....	40.00
Louisville and City Hospital Training School Alumnae, Louisville, Ky., Mary E. Foreman, Treasurer.....	20.00
Orthopedic Hospital Alumnae Association, 4602 Baltimore Ave., Philadelphia, Pa., Mary B. Boyer, Treasurer.....	30.00
Amy M. Hilliard, Education Building, Albany, N. Y.....	10.00
Mary F. Bolster, 322 N. Broadway, Seattle, Wash.....	3.00
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	\$14,977.47

All contributions should be sent to Mary M. Riddle, Newton Hospital, Newton Lower Falls, Mass., and all drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Company, Chicago.

MARY M. RIDDLE, *Treasurer.*

NEW COURSE FOR SCHOOL NURSES in the Department of Nursing and Health, Teachers College, New York. The growing interest on the part of the public, and in particular of educators, in the work of school nurses, and the demand of school nurses themselves for better preparation, has led the department to offer a special course in school nursing which will lead to a certificate in that field. It has been clear for some years that no matter how excellent the foundation offered by the hospital training, it does not entirely equip the nurse for the new problems to be met in the school. The early detection of slight or marked deviation from the normal health conditions, the knowledge of municipal, social problems, of housing, and the diet of school children, some familiarity with modern educational systems and methods and the ability to teach the fundamental health principles, both in the home and in the class room, these and many other requirements are now to be added to the essential equipment of the hospital graduate if she is anxious to win success in the field of school nursing.

The pioneers had, of course, to enter without any special preparation and it is entirely to their credit that their convincing demonstration of the value of the nurse in the public school has so effectively won over all educational and health authorities to the addition of this valuable adjunct in medical inspection. The growing importance of the work and the new demands that are being urged, now call for more highly prepared women. This is particularly true of those who are to go forward as organizers and leaders of school nursing work in new places. The course, as arranged, will cover one academic year (eight months) and will begin in September, 1915. In addition to the regular course by Dr. Josephine Baker in School Nursing, there will be courses in Municipal Sanitation and Public Health Administration by Dr. Winslow, in Social Problems by Dr. Chaddock, in Public Health Nursing, Preventive Medicine, Food Economics and Teaching, by

other members of the staff. A course in normal diagnosis, specially adapted to the needs of the school nurse, will probably be added and one in the methods of social work will be taken at the New York School of Philanthropy. A considerable period of time will be spent each week in practical work in the public schools. For the benefit of those who wish to begin the work before next fall, it may be announced that a special grouping of courses, including several mentioned above, will be available for nurses interested in school work, during the second half of the present college year, beginning February 8, 1915. It is probable that the six weeks' summer session will offer some additional courses which would also be of value. More detailed information will be available later and may always be obtained on application to the Department of Nursing and Health, Teachers College, Columbia University, New York.

THE AMERICAN ASSOCIATION FOR THE STUDY AND PREVENTION OF INFANT MORTALITY held its fifth annual meeting in Boston on November 12, 13, 14, which brought together large numbers of physicians and social workers from the eastern United States. Nearly all of the hospitals, clinics and dispensaries in Boston took part in the meetings. Interesting exhibits and graphic charts helped to make the object of the Association clear to everyone. On the first day there were clinics of interest and a session on Nursing and Social Work over which Miss Beard of Boston presided. Some of the speakers at this session were Dr. Emmons of Boston, Mrs. Max West of the Federal Children's Bureau, Ada M. Carr, Dr. Josephine Baker, Fanny Clement of Washington. Dr. Shaw of Albany presided over the session on Pediatrics and Vital and Social Statistics, at which there was discussion of institution care as compared with that given by placing babies in homes. Dr. Gerstenberger of Cleveland and Dr. Holt of New York spoke at this session. At an evening session, Dr. Cabot presiding, Dr. Whitridge Williams of Baltimore discussed the possibilities and limitations of prenatal care. At the Saturday session, Dr. Helen Putnam of Providence presiding, Dr. David Snedden advocated mothers' pension funds and urged greater responsibility in parents, Dr. Williams spoke again, showing the inadequate hospital accommodations for obstetrical work at present. There was also a general discussion of the midwife question. The place of meeting for next year was not chosen.

#### ALABAMA

THE ALABAMA STATE ASSOCIATION OF GRADUATE NURSES held its first annual meeting in Birmingham on October 13. Many nurses and friends were present, Montgomery sending seven delegates. The morning session opened with prayer by Rev. J. W. Johnston, followed by an address of welcome by Mrs. Hartsock. The secretary reported having gone to Mobile to assist in organizing a local association. Seventy-six nurses were enrolled and have applied for admission into the state association. This makes three nursing centers in the state with an enrollment of 229. The election of officers resulted as follows: president, Linna H. Denny; vice presidents, Margaret Hutton and Lemoyne Phares; secretary, Helen MacLean; corresponding secretary, Mary Denman; treasurer, Katherine Taylor; trustees, Mrs. Hartsock, Mrs. Jones and Miss Moultrie. The members of the executive committee are Mrs. Bell Hope, Emma DeShazo, Julia Dainwood, Annis Stay and Mrs. Cora Sanford.

Reports from committees and the reading of the proposed bill for registration occupied the morning, after which a luncheon was given at which Mrs. L. J. Haley, president of the Federation of Women's Clubs, was a guest. Margaret Hutton,

of Montgomery presided at the afternoon session which was given over to the presentation of the following papers; address of welcome by Dr. J. M. Mason, president of the Jefferson County Medical Association; Safeguards of Professional Progress, by Dr. F. G. DuBose, of Selma; The Advantage of the Graduate Nurse to the Community, by Dr. Cabot Lull; A Talk on Red Cross Nursing Service, by Linna H. Denny; The Advantage of a Strong Public Health Nursing Organization, by Dr. R. M. Cunningham.

The evening session was opened by an invocation by Dr. George Eanes, following which Sterling Wood spoke on The Nurse and the Law. Isadore Shapiro gave an interesting address on The Nurse as a Social Factor. The closing paper was given by Dr. E. P. Hogan on State Registration. Resolutions of appreciation of Miss McIsaac were passed. The next meeting will be held in Montgomery.

#### CONNECTICUT

**New Haven.**—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held the regular monthly meeting on December 3 at the usual place with small attendance. Routine business was transacted. It was voted that the January meeting should be a social one.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL held the regular November meeting at the Dormitory with a very good attendance. In addition to the routine business three nurses were appointed to take charge of the sale of calendars for the Nurses' Relief Fund. After the meeting a pleasant social hour was spent with Miss Dick.

**Hartford.**—THE HARTFORD HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting in October in the Center Church House. The following officers were elected: president, Lucy Way; vice presidents, Janet Campbell and Mary C. McGarry; treasurer, Winnifred Hardiman; recording secretary, Mrs. Louise F. Warfield; corresponding secretary, Helen M. Jones. A collection amounting to \$10.30 was taken for the Hartford Branch of the American Red Cross. On October 23, a tea was given at Miss Hardiman's Tea Room for the benefit of the Red Cross.

The regular monthly meeting was held on November 12. Mrs. Hills, ex-president, opened the meeting. Lucy Way being unable to fill the office of president for the year the election of a president was ordered and Ada Dalton was unanimously chosen. The president appointed Sara Harrison chairman of the refreshment committee and Mary McGarry chairman of the entertainment committee. Miss Hardiman reported that \$80 had been raised by the tea in October.

#### COLORADO

The *Colorado Nursing News*, a new publication of interest to Colorado nurses, is out, its second number proving it to merit its name.

**Denver.**—THE GRADUATE NURSES OF MERCY HOSPITAL met at the hospital on September 13 and reorganized. The meeting was opened informally, with an instructive and helpful talk by Rev. Mother Xavier on the importance and helpfulness of a well-established Alumnae. The nurses responded cheerfully and with new resolutions to make the Association all that could be desired. The following officers were elected: president, Elizabeth Gray; vice president, Cecile Young; secretary, Rose Miller; treasurer, Angelica Blaise. The committees named were as follows, membership, chairman, Julia McKeown; reception,



Ruth McCabe; entertainment, Miss M. B. Krafft. Items of business were discussed and agreed upon and a meeting appointed for the first Wednesday in December. The nurses also planned a reception with program, to be held at the home of Miss Young, and a Halloween dance to be given the pupil nurses in the recreation hall of the nurses home. Edith Horsey, class of 1905, is taking a post graduate course at Bellevue Hospital, N. Y.

THE PARK AVENUE HOSPITAL held graduating exercises on December 3, at the Women's Club Building when seven nurses received diplomas. Elsie M. Smith, former superintendent of nurses, who resigned in July last on account of ill health, is living in Green Bay, Wisconsin. She was succeeded by Eleanor Lee of Mt. Sinai Hospital, New York.

**Colorado Springs.**—THE NURSES' REGISTRY ASSOCIATION has postponed the bazaar which was to be held before Christmas until about Easter.

The superintendent and board of directors of the Bethell Hospital gave a reception in November in honor of the new superintendent of nurses, Miss Near. There was a large attendance of both doctors and nurses as well as friends of the hospital. The school is doing well under Miss Near's supervision.

Ellen McKay, a graduate of Glockner Sanitarium is taking a post graduate course at the Polyclinic Hospital in New York City. She has been in Boston for some time and will probably continue her work in the east. Bertha McKay, a graduate of the same hospital, has taken an office position with Dr. Dennis, Miss Mayroon, former superintendent of Glockner, has recovered from a serious operation and has taken a patient to Florida. Miss Dozenbach is on general duty in a hospital in Pueblo.

#### CALIFORNIA

**Haywood.**—GERTRUDE M. STOCKALL has recently assumed charge of the new Billingsley Hospital.

#### DISTRICT OF COLUMBIA

**Washington.**—THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA held its annual meeting on November 3, at which the following officers were elected: president, Lily Kanely; secretary-treasurer, Alice M. Prentiss; president of examining board, Lily Kanely; secretary-treasurer, Helen W. Gardner.

#### IDAHO

THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES held a social meeting on November 11, for the benefit of the graduate nurses of Boise. Mrs. Gertrude Craigin has resigned from her office as president of the Association and gone to Honolulu for a year. Anna Daly, a graduate of St. Alphonsis Hospital, was elected to fill Mrs. Craigin's unexpired term.

#### ILLINOIS

At the STATE BOARD EXAMINATION held on October 21 and 22 in Chicago, 269 candidates were present. Twenty-one of these were former failures reappearing for subjects of former failure only. Two hundred and seventeen made the required grade and received the title of R.N.

THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES held its eleventh annual convention coincidentally with the quarterly meeting of the Illinois League

of Nursing Education at Springfield on November 9 and 10. Three hundred nurses were present from all parts of the state. The visiting nurses declared that the meeting compared favorably with the national in St. Louis last spring. There were special sessions on private duty nursing, Dr. J. F. Percy, of Galesburg, delivering the principal address on the Private Duty Nurse as a Professional Woman. The Public Health Session had as its principal feature an illustrated lecture on Infant Welfare by Minnie H. Ahrens, Chicago, Dr. John Robinson, president of the Illinois State Board of Health, presented the plan of the Efficiency and Economy Committee to consolidate the department of nurse examiners with the State Board of Health. The Board of Health plans to install a system of public health nursing in every section of the state. There was a symposium of ten-minute papers on public health work in the smaller communities of Illinois, given by nurses doing the actual work. Dental Dispensary, Tuberculosis Nursing, Infant Welfare, Industrial Nursing, Metropolitan Life Insurance Nursing, School Nursing, etc., were the subjects discussed.

The League of Nursing Education heard Dr. Hoyt Dearholt, extension secretary of the University of Wisconsin, in an address upon the Affiliation of Schools for Nurses with Universities. Dr. Frank Norbury of Springfield, gave an excellent address on The Place of Mental and Nervous Diseases in the General Hospital Training School Curriculum.

A Red Cross breakfast was held in the sun parlor of the Leland Hotel with ninety in attendance, Edna Foley, chairman of the state Red Cross committee, presiding. A public health luncheon and a private duty nurses' luncheon were held simultaneously. Dr. Palmer talked on Requirements of Public Health Nursing. Several papers were given on Central Directories at the private duty nurses' luncheon. A reception was held at the executive mansion on the afternoon of November 9 and an auto ride around the city concluded the meeting.

The newly elected officers for the state association are: president, Helena McMillan, Presbyterian Hospital, Chicago; vice presidents, Lucy Mount, Jacksonville, and Anna M. Joergenson, Augustana Hospital, Chicago; secretary, Mrs. W. E. Bache, 6168 Winthrop Avenue, Chicago; treasurer, Catherine Thompson, Chicago.

Chicago.—OLIVE BEASON, class of 1901, Chicago Hospital Training School for Nurses, has accepted a position as head nurse of the South Chicago Branch of the Municipal Tuberculosis Sanatorium, concerning the progress of the work of which she read a paper at a meeting of her alumnae association.

THE CHICAGO HOSPITAL ALUMNAE ASSOCIATION, at its December meeting held a Shower from Toyland. Many and varied were the gifts sent to gladden the hearts of the children whom the public health nurses love. It was unanimously agreed to send the gifts to Oak Park Tuberculosis Hospital where Helen Freer is directress of nurses.

Items of interest from the ILLINOIS TRAINING SCHOOL FOR NURSES state that Lulu Merstawe, class of 1913, has charge of the operating room at the Clarkson Memorial Hospital, Omaha, Neb. Nannie Montgomery, class of 1898, has supervision of the operating room of the Hospital of the Latter Day Saints, Salt Lake City, Utah.

The head nurses and pupil nurses of the PRESBYTERIAN HOSPITAL raised funds sufficient to supply seven families with Christmas baskets and presents. Of the alumnae members, Gertrude Craig is doing social service work in Alpena, Mich. Louise Todd has resigned her position as head surgical nurse in the Hospital

which position she has held for the past year. Her successor is Ruth Bennett, of class of 1914. Mabel Scott, 1914, is assisting Bessie Ruwitch in her work as directress of the Social Service Department of the Psychopathic Hospital. Leta Cooper is superintendent of a sanitarium at Prairie Du Chien, Wis. Hilda Reque is superintendent of St. Paul's Hospital, St. Paul, Minn. Katherine Bulkley and Ethel Holverson have taken positions as instructors in practical bedside nursing at the Presbyterian Hospital. Lulu White has resigned her position and is doing private duty nursing. Letters have been received from Alma Foerster and Gertrude Hard who are among the Red Cross nurses sent to Kiev, Russia.

**Rockford.**—THE ROCKFORD HOSPITAL opened its new six-story addition on January first. There are twenty-seven single rooms, seven wards, containing two beds each, two operating rooms and a new dining room. Grace Engleman, class of 1913, Rockford Hospital, has completed a post-graduate course at the Woman's Hospital, New York.

#### INDIANA

**Fort Wayne.**—THE LUTHERAN HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting on December 2 in the parlors of the nurses' new home. Following the usual business the officers were elected for the coming year; president, Meta Holman, vice presidents, Anna Lauman, and Frances Helmer; secretary, Anna Holtman; treasurer, Sevilla Denninger.

#### IOWA

**Des Moines.**—THE DES MOINES REGISTERED NURSES' ASSOCIATION held a meeting on November 17 at which there was an attendance of 47. The Association voted to send \$25 for Belgian relief work. A social hour followed the business session.

**Waterloo.**—THE BLACK HAWK COUNTY REGISTERED NURSES' ASSOCIATION held its November meeting in memory of Isabel McIsaac. The tributes to her, published in the November number of the JOURNAL, were read and personal reminiscences given.

**Sioux City.**—AUGUSTA OLSEN, class of 1912, Samaritan Hospital Training School, has accepted a position as superintendent in the new Sibley Hospital and assumed charge on December 1. Rose Pope, class of 1913, has returned from Spokane where she spent the past year. She is now in charge of one of the Le Mars Hospitals. Grace Troy, class of 1912, has taken charge of the Cleaves Hospital at Cherokee.

**Burlington.**—MARGARET J. ROBINSON of the class of 1910, Hackley Hospital Training School, Muskegon, Mich., has been appointed superintendent of the Burlington Hospital. Miss Robinson was operating-room superintendent at Grace Hospital, Detroit. She assumed her duties at Burlington on November 1.

**Davenport.**—THIS city has passed an ordinance requiring the registration of births within thirty days after the event. This is a direct outcome of the work done by the Woman's Club last year. Martha Oakes, superintendent of St. Luke's Hospital, has charge of the work. Olive Whitlock of St. Luke's Hospital has been appointed nurse at Keokuk. Alma Hentz, of the same hospital, has been appointed supervisor at Hackley Hospital Training School, Muskegon, Mich.

**Fairfield.**—AMY BEERS has resigned her position as superintendent of the Jefferson County Hospital and has accepted a position as first assistant at the City Hospital Training School, New York. Luella Bristol, former superintendent

of the Eleanor Moore Hospital, Boone, has been spending some time in Chicago, taking special laboratory and X-ray work. She succeeds Miss Beers as superintendent at the Jefferson County Hospital.

**Ottumwa.**—**PHILOMENA BAUER** of the Ottumwa Hospital has accepted a position as office nurse for Dr. D. H. Brockman.

#### MAINE

**THE MAINE STATE NURSES' ASSOCIATION**, at a recent meeting, accepted the proposed bill for registration which is to be presented to the legislature in January. At this meeting the Association became incorporated. Mr. Torsleff, secretary of the Maine Anti-Tuberculosis Association made an address in which he urged the necessity for more trained workers for field work. The next meeting will be held at Bangor in March.

**Portland.**—**THE MAINE GENERAL HOSPITAL NURSES' ALUMNAE ASSOCIATION** elected the following officers at the annual meeting: president, Maria M. Irish; vice presidents, Agnes Nelson, Betsey Edgcomb; secretary, Mary A. Penny; assistant secretary, Geneva Smith; treasurer, Mabel Blanchard.

**THE CHILDREN'S HOSPITAL** observed the usual Christmas festivities. All the patients on that day are moved to the solarium where a huge tree is loaded with gifts for all. The gifts are distributed by Santa Claus, who comes through the fire place in true Santa style.

The children add to the entertainment by singing Christmas carols.

#### MASSACHUSETTS

**THE MASSACHUSETTS STATE NURSES' ASSOCIATION** held its annual meeting in Lowell, on October 31, with over one hundred present. The hostess in charge, Sara A. Brown, gave an address of welcome responded to by the president, Miss Riddle. Other speakers of the afternoon were Dr. W. P. Bowers, secretary of the Massachusetts State Board of Nurse Registration who spoke on legislation and matters pertaining thereto. Linda Richards spoke on Nursing Progress and High Ideals and Emma M. Nichols spoke on The Red Cross Nursing Service. A collection was taken for the Red Cross.

**Boston.**—**THE SUFFOLK COUNTY CENTRAL DIRECTORY** has arranged a very interesting and instructive course of lectures for its members and all other nurses, for the winter and spring. The first lecture on December 2, by Dr. Arthur N. Broughton, was well attended. In January, Dr. Thomas F. Leen, will be the speaker; February 1, Dr. Richard C. Cabot; March 3, Dr. Thomas M. Jackson; April 5, Dr. John T. Bottomley.

Sara Parsons of the Massachusetts General Hospital, will address one meeting. Tea will be served on the second Friday of each month, from 4 to 6 o'clock, and all nurses are cordially invited. About 60 nurses attended the first tea held in December. With a view to doing whatever they can to help relieve the suffering of men wounded in the war, the officers and nurses of the Central Directory have volunteered to give instruction in making regulation bandages, sponges and first aid packages. The nurses have shown an interest and willingness to cooperate in this work, which will eliminate the possibility of bandages and other supplies being improperly made and put up.

**THE BOSTON NURSES' CLUB** held a candy sale on December 10 for the benefit of the fund for the Christmas Ship leaving Boston during Christmas week.

BRENDA F. MATTICE, Boston City Hospital, has been granted leave of absence by the Massachusetts State Commission for the Care of the Blind and has sailed for Europe to go on duty with the Canadian contingent. Ellen McHugh, will soon complete her novitiate at the Cenacle Convent, New York City. Susan Bard Johnson, Children's Hospital, Boston, has entered on her novitiate in the Episcopal Sisterhood of St. Anne, Temple Street. Miss Johnson's training will eminently fit her to visit the sick, the poor and the aged, which is the work of this branch of the sisterhood. Agnes Williston, House of Mercy, Pittsfield, Mass., has also joined the order. She is in the House in Arlington, Mass.

Miss COTTER, Massachusetts General Hospital, sailed from New York on November 14. Miss Cotter will go on duty in the American Hospital in Paris. Mary Bemis and Elsie Harrington sailed on November 21, their destination being the same. These three nurses are going at their own expense and will give their services.

THE NURSES' ALUMNAE ASSOCIATION OF THE BOOTHBY HOSPITAL have been holding their monthly meetings in the Boston Nurses' Club rooms. Dr. George W. Sanborn gave an informal talk on Vaccine Therapy in November. The residence at the Club of the vice president and the treasurer renders it very convenient to make arrangements for the meetings. This small association has voted \$25 to the Red Cross work.

THE DIRECTORY FOR NURSES at No. 8, The Fenway, went out of existence on December 31. This Directory was established by the Medical Library Association over forty years ago and has always been managed by a committee of doctors. It has done much pioneer work for nurses. Being under the aegis of a society of doctors this directory helped towards the recognition of the professional standing of nurses and was able to give much needed support in establishing quarantine and receiving pay for same. It also helped to solve many troublesome problems of price and position. It served as an example from which to model the Nurses' Club, after which came the Central Directory. These two directories are controlled by nurses who are responsible for their success or failure.

Worcester.—THE WORCESTER CITY HOSPITAL ALUMNAE ASSOCIATION held its sixth annual fair and dance in Dodge Hall on November 17. The treasury will probably be benefited by about \$200. THE CITY ASSOCIATION will hold its regular business meeting on January 12, at the nurses' home, for the election of officers and for regular business.

Tewksbury.—THE MASSACHUSETTS STATE INFIRMARY ALUMNAE SOCIETY held its annual meeting on October 1, in the nurses' hall. Thirty members were present. The officers elected for the coming year were: president, Marie Putnam; vice president, Mrs. Annie G. McDonald; recording secretary, Bessie Baillie; corresponding secretary, Christina Germain; treasurer, Miss Holden. The next meeting will be held in January at 20 Charles Gate West, Boston.

THE TRAINING SCHOOL held graduating exercises on October 23, for a class of twelve. Dr. John H. Nichols, superintendent of the Infirmary, gave an excellent address and presented the diplomas. Miss L. McEachern, superintendent of nurses, presented the school pins. A reception and dance was held after the exercises.

Medfield.—A public meeting was held on December 10 in the interest of the recently organized MEDFIELD AND DOVER VISITING NURSE ASSOCIATION. The first annual report was read by the president. Josephine Cazneau, district nurse of the Association, spoke on the Duties of a District Nurse, and Dr. A. B. Em-



mons read a paper on Rural Nursing. An interesting discussion of the speech and paper followed.

**Dedham.**—A society formed 105 years ago for The Apprehension of Horse Thieves, held its annual meeting on December 7 and voted \$25 to the DEDHAM DISTRICT NURSING SOCIETY. Dr. Allan McLaughlin, the lately appointed state health commissioner, spoke on Co-operation between Individuals and the Health Authorities.

**Everett.**—THE WHIDDEN MEMORIAL HOSPITAL in the statistics published monthly, shows an increased activity. Other reports show community interest in the Everett District Nursing Association.

#### MICHIGAN

**IDA M. BARRETT** of Grand Rapids, first vice president of the Michigan State Nurses' Association, has been chosen to act as president to fill out the unexpired term of Miss Greener.

**Detroit.**—THE WAYNE COUNTY NURSES' ASSOCIATION held its annual meeting on December 4, at the Wayne County Medical Building. The reports showed an increase of over one hundred members during the past year. The amendments to the constitution and by-laws of the Association and the Central Directory, necessary for the consolidation of the two organizations, were read. The constitution, after a thorough discussion was adopted. The by-laws will be taken up for consideration later. The following officers were elected for the ensuing year: president, Zoe La Forge; vice presidents, Elizabeth Robertson, Mrs. L. E. Gretter; recording secretary, Melba Freedman; corresponding secretary, Emily Rankin; treasurer, Mrs. Effie M. Moore; directors, Kathleen Mahon, Esbeth Hosig, Mary McIntee, Agnes Kennedy, Sarah Halsey.

THE PROVIDENCE TRAINING SCHOOL ALUMNAE ASSOCIATION held its monthly meeting on October 29. The members were all present and much interest was shown in the general subjects discussed.

THE FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION held its monthly meeting on November 10, twenty-five members being present. Resolutions on the death of Miss McIsaac were read. A committee of five was appointed to solicit membership for the Red Cross, both among the nurses and the public of Detroit. Miss Ross gave a short talk on the work of the visiting nurses. After the business meeting a musical program was rendered and refreshments were served.

**Grand Rapids.**—THE BUTTERWORTH HOSPITAL ALUMNAE ASSOCIATION held the regular monthly meeting at the hospital on December 2. Fifteen members responded to roll-call. The president reported 1000 gauze pads and 20 hospital nightshirts completed for the American Red Cross, also that \$15 of the money donated by the nurses of the Association still remained in the treasury. It was voted to remit the balance of the money to the American Red Cross to be used as needed. Roberta Giffiths, president of the State Association of Workers for the Blind, gave a very instructive talk on Prevention of Blindness and a brief outline of the work of the organization and its growth. A discussion followed.

THE NURSES OF BUTTERWORTH, ST. MARY'S AND UNION BENEVOLENT ASSOCIATION HOSPITALS met at the latter hospital and listened to very interesting and instructive talks by Fanny Clement and Mrs. L. E. Gretter on Red Cross work. Mrs. Gretter spoke of the general nursing and Miss Clement of Town and Country Nursing Service.



## MISSISSIPPI

THE MISSISSIPPI GRADUATE NURSES' ASSOCIATION held its fourth annual meeting in Greenville on October 30 and 31. The attendance was better than ever before but short of what was expected. State registration has aroused interest throughout the state and it was hoped that many nurses would make a supreme effort to come to the meeting. It was an earnest little band which assembled, however, and good work was done. On Friday morning routine business was transacted and various interesting reports were heard. In the evening a meeting was held, attended by some of the most intelligent people in the city, at which two good papers were presented by physicians and the purpose of the Association explained.

At the two meetings held the next day the question of how to secure well-qualified pupils for training schools was considered from every point of view. Public Health and Red Cross work were discussed and it was decided to ask for an enrolling committee for the Red Cross in Mississippi. Automobile rides and friendly visiting were the order of the day on Friday afternoon. A most beautiful reception was given by the Greenville nurses on Saturday afternoon in the Public Library. The president and secretary were re-elected but there were several changes in the other offices. A good collection of literature for nurses was on display and proved a popular attraction. Jackson is to be the next meeting place where, it is hoped, more of the scattered members will be reached.

## MISSOURI

NURSES desiring copies of the Proceedings of the State Convention held in St. Joseph on October 15, 16, and 17, may have the same for the cost of printing by communicating with Miss E. A. Doran, recording and corresponding secretary, 2907 St. Joseph Avenue, St. Joseph, Mo.

**Kansas City.**—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its regular meeting at the Club House on November 4. The rooms were attractively decorated with autumn leaves and the national and Red Cross flags in honor of the Red Cross nurses who sailed for Servia on November 21. Miss St. Clair, superintendent of the training school connected with the State Hospital in Little Rock, Arkansas, gave an interesting talk on her work in the hospital. The long-talked-of dolls' bazaar was held November 11 and was a success in every particular. About 125 dolls, dressed in nurses' uniforms representing several training schools abroad as well as many in our own country, were for sale. One of the most interesting was a Red Cross exhibit designed by Alice K. Green, surgical nurse at the General Hospital. The dolls met with a ready sale. On the evening of November 5 as many enrolled nurses as could be reached who were not on duty gave an informal supper at the Y. M. C. A. in honor of the four nurses who were to sail for Servia: Una Fry, Clara Tulloss, Genevieve Tetrault and Clara Slusher. The talks, given by those chosen for service as well as by others present, were characterized by extreme earnestness, making the hearers feel that they have placed their professional honor in safe-keeping.

The Association held its regular monthly business meeting at the Club House on December 2. The usual business was transacted. The report of the treasurer showed that the Association cleared over \$300 at the doll's bazaar. The chairman of the local Red Cross committee read several letters written by the Kansas City Red Cross nurses just before they sailed from New York to Servia.

on November 21. After adjournment refreshments were served by a number of the out-of-town graduates.

THE UNIVERSITY ALUMNAE held its regular meeting on November 10, at the Club House. The subject on the program was Red Cross Nursing Service which seemed most appropriate as Miss Tulloss, who is called to service, is a member of the Association. Very interesting papers were read by Miss Morgan and Miss Roseberry.

HARRIET LECK, who recently resigned as superintendent of the training school of the General Hospital, has accepted a similar position in the Grace Hospital, Detroit, Michigan. She is succeeded by Mary I. Bustard of Steubenville, Ohio. Alice K. Green, who for the past four years has been surgical nurse at the General Hospital, has resigned her position and will take a much needed rest. Etta Lee Gowdy has resigned as supervisor of the Isolation Building.

EDNA M. CRANDELL of the Traverse City Hospital, Traverse City, Michigan, has accepted a position as superintendent of nurses at the University Hospital. Mrs. G. H. Blake has accepted the position of assistant superintendent of the same hospital.

THE GRADUATES OF THE SOUTH SIDE HOSPITAL met at the Club House on November 13 and organized an alumnae association. The following officers were elected: president, Ellen Gallagher; secretary, Mrs. Niedenberger; treasurer, Miss Cleary.

IDA BAUMGARTEN of the Missouri Baptist Sanitarium Alumnae Association has accepted a position as nurse and assistant dean at the Cincinnati Conservatory of Music, Cincinnati. Laura B. Cassidy, graduate of the same hospital, is superintendent of the University Hospital of St. Louis.

St. Louis.—THE HENRIETTA HOSPITAL announces the resignation of Marie DeLong as superintendent of the hospital in which capacity she has served for one year and six months. During Miss DeLong's administration she personally raised \$1200 for the purpose of remodeling and equipping the operating rooms. She also established a nurses' registry at the hospital, and furnished the district nurse for the city. Later through her solicitation a campaign was launched for \$50,000 which was successfully conducted. Miss C. Olafson a graduate of the General Hospital, Kansas City, has been appointed to succeed Miss DeLong.

#### NEBRASKA

THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting on October 13, at the assembly room of the Y. W. C. A., Omaha. The following officers were elected: president, Carrie Louer; vice president, Minerva Ryley; secretary, Marie Weick; treasurer, Mrs. Bessie Ryan; director, Mrs. Hollingsworth. The membership committee recommended fifteen new names for membership. Encouraging reports were given of the official registries of Omaha and Lincoln. The chairman of the Red Cross committee reported an enrollment of sixty-six members. At the afternoon session the report of the delegate to the American Nurses' Association at St. Louis was given, and several interesting papers on Private Nursing and Nursing Ethics were read by members. In the evening the Association met at the University of Nebraska College of Medicine and listened to papers on The Nurse and Baby, by Dr. Newell Jones and on The Nurse's Relation to Public Health by Miss Randall, superintendent of the Visiting Nurses' Association, Omaha. Dr. Palmer Findley gave an illustrated lecture on Clinical and Military Observations in Europe. The following day, Surgical and Eye,

Ear, Nose and Throat Clinics were held at the Clarkson Memorial and the Methodist Hospitals. The Association will hold a meeting on January 12, 1915, at the Lincoln Hotel, Lincoln.

**Omaha.**—MARY B. EYRE, president of the Colorado State Board of Nurse Examiners addressed a meeting of nurses on December 8 on Compulsory Registration, the Enforcement and Effect. A dinner at the Loyal Hotel was well attended, followed by a more personal discussion. Miss Eyre also spoke to the nurses of Lincoln on December 9.

#### NEW JERSEY

**Orange.**—THE ORANGE BRANCH OF THE GUILD OF ST. BARNABAS FOR NURSES gave a reception at the home of Mrs. William R. Howe, Llwelllyn Park, West Orange on December 7, in honor of the Rt. Rev. Charles S. Burch of New York who was recently elected Chaplain-General of the Guild and the Rt. Rev. Bishop and Mrs. Cortland Whitehead from Pittsburgh. Bishop Whitehead served as Chaplain-General for twenty-five years. In spite of a severe storm a large number took part in a most enjoyable evening. A musical program added to the pleasure of the occasion.

KATHLEEN HARRIS and EILEEN SHARPE, graduates of the Orange Memorial Hospital, both on vacations in England, volunteered for war service and are now on active duty, one as near the front as is permissible and the other in charge of a hospital in Scotland.

**Montclair.**—DAISY M. COX, a member of the Mountainside Hospital Alumnae Association, sailed on the Finland, on November 21, to enlist in Red Cross service in Serbia. The expense for Miss Cox's participation in the war relief is defrayed by a resident of Montclair who makes the contribution through the state committee of the Red Cross. Miss Cox has been head nurse in the Mountainside Hospital operating room for some time and was highly esteemed by all. The nurses gave Miss Cox a farewell dance.

**Camden.**—THE NURSES' ALUMNAE ASSOCIATION OF THE COOPER HOSPITAL held the regular monthly meeting at the nurses' directory. The meeting was well attended and one new member was taken into the Association. After the routine business was finished a social hour was enjoyed.

**Passaic.**—ELIZABETH J. HIGBID of the General Hospital, has accepted the position of instructress of nurses at the City Hospital, Newark.

#### NEW YORK

THE ADVISORY COUNCIL OF NURSES held a meeting on December 16 in conjunction with the Board of Nurse Examiners, after which it formed a part of a general meeting of the advisory councils of all the different professions under control of the Regents: theology, education, law, medicine, dentistry, pharmacy, etc. This marks a distinct step in advance in the recognition of the nursing profession by the Education Department.

MRS. CHARLES G. STEVENSON, now serving a second year as president of the New York State Nurses' Association, is not a candidate for re-election to this office.

**New York.**—THE PUBLIC HEALTH EDUCATION COMMITTEE is arranging for its annual course of lectures to be given at the New York Academy of Medicine, and while the program is not complete, the following list is a fairly comprehensive

one: January 5, subject, Prevention of Disease in Relation to Street Cleaning. On January 14, the subject for discussion will be Rheumatism, its Causes, Complications and Allied Conditions, and Neuritis. Names of lecturers will be announced later. On January 19, the discussion will be on Some Methods of Prevention of Contagious Diseases, leading paper by Dr. Anna Williams. The Hoof and Mouth Disease will be discussed by Dr. Anderson. Dr. Huddleston will discuss Vaccine in Relation to Smallpox. January 28, the subject will be Some of the Avenues for the Entrance of the Germ Enemy; Dr. Edward Peck taking the eye, Dr. W. A. Tracy, the teeth and Dr. Helen Montague, the nose, throat and lungs.

THE HARVEY LECTURES are given at the Academy of Medicine on Saturday evenings. On January 16, Dr. Edward A. Baldwin of the Adirondack Cottage Sanatorium will speak on Immunity in Tuberculosis, with special reference to racial and clinical manifestations. On January 30, Professor Hans Ginsser of Columbia University will speak on The More Recent Developments in the Study of Anaphylactic Phenomena. These lectures are open to all who are interested.

THE CENTRAL CLUB FOR NURSES has opened headquarters for the preparation and forwarding of surgical supplies for war relief at 7 East 61st Street, with the co-operation of the following organizations: New York County Chapter of American Red Cross, New York City League of Nursing Education, New York County Registered Nurses' Association, Association of Graduate Nurses Manhattan and Bronx, and the nurses alumnae associations of all the local hospitals. The headquarters will be open daily, except Sunday, from 9 a.m. to 5 p.m.; Mondays and Thursdays, 9 a.m. to 10 p.m. All nurses in the city are asked to assist in this additional effort to meet the recent pressing appeals from Europe for such supplies. They will be welcome for any length of time they are able to give to this work. While at headquarters they can be reached by telephone. The public is cordially invited to visit these headquarters to inspect and take part in this work, the opening and maintaining of which has been made possible through the generosity of Mrs. John T. Pratt, Mrs. Edward S. Harkness and Mrs. Nathaniel Bowditch Potter, who are active members of the building committee for the new club house.

THE NEW YORK CITY LEAGUE FOR NURSING EDUCATION held a regular meeting at St. Luke's Hospital on the evening of December 2. Round Table discussions were held previous to the meeting: the program for the administrative section being The Eight Hour System; the public health section, the Advisability of Special Training for Public Health Work. The general program for the evening was Student Government. Dr. Hillegar of Teachers' College gave a very instructive and interesting address outlining the general principles which determine the success or failure of the system. Some of the generalizations given were as follows: 1. The nurse is subordinate to the physician in certain matters pertaining to prescription but in many other respects she is supplementary to him. 2. The nurse is called upon to use her judgment and initiative in many situations that the physician cannot foresee. 3. The more closely the work of an individual brings him into contact with human nature, the more essential it is that he understand psychology, and exert an initiative and individual judgment. 4. One of the prominent purposes of nurse government should be to train the student in the practice of such habits of conduct as shall enable her, by independent exercise of judgment and initiative, to meet the responsibilities placed upon her. 5. Nurse government should be considered as an educational activity and should,

therefore, be controlled by the essential principles of good teaching. 6. New forms of government, therefore, cannot be safely introduced until there is an assurance that students have a proper apperception basis for the new. 7. It follows, also, that no type of government can be effective unless the students appreciate and accept the plan. 8. The opportunity to act is as essential for the development of habits and the exercise of judgment and initiative, as it is in the development of skill. 9. The main emphasis of nurse government should be positive and constructive, rather than negative and punitive. 10. Personality exerts such an influence in government that no detailed system or method can be offered that will apply equally well to all situations.

Miss Maxwell led in the discussion that followed. Miss Stevens gave a very comprehensive and detailed argument in favor of student government. She felt that greater stress should be exerted by training schools to more fully meet the social demands made upon the nurse. The general atmosphere, educational advantages and social life should be conducive to promote the maximum development of character. This could not be accomplished under rigid or military government.

Miss Johns read a very interesting paper on Military Discipline in which she ably defended its virtues. She did not feel that the test of student government in academic institutions should be applied equally to nursing schools, the results in the latter entailed such serious complications. Promotion under the military system was much more justly accomplished by a measure of worth in the estimation of the official body than by vote under student government, due to popularity. A military system provides for a system of morals, manners and administrative efficiency which could not be acquired through student government. Miss Johns claimed that efficiency was much more effective under the military system than under student government.

THE ALUMNAE ASSOCIATION OF THE GERMAN HOSPITAL AND DISPENSARY has elected the following officers for the coming year: president, Emma Duensing; vice presidents, Marie A. Pless, Cecile Fitzpatrick; secretary, Elizabeth P. Lindheimer; assistant secretary, Margaret Munro; treasurer, Sybil Koeller; assistant treasurer, Hedwig Keller. Miss L. Schleicher is chairman of the executive committee and Bertha Becht of the publication committee.

Friends of Mrs. Gillette formerly Anne Van Kirk, will regret to hear of the death of her husband, William Kendall Gillette. A memorial service was held on November 22 at the New York University where he was a professor.

Schenectady.—THE SCHENECTADY COUNTY NURSES' ASSOCIATION held the monthly meeting in the Edison Hotel on December 4 with a large attendance. Mabel McGrath, tuberculosis nurse for the State Charities Aid, gave an interesting report of the state convention. Judith Lindbloom, municipal tuberculosis nurse, made an appeal to the Association for wearing apparel for her patients and also outlined the plans for the committee in charge of the sale of Red Cross Christmas seals. The Association will buy \$5 of seals and re-sell them, netting \$10 for the Red Cross Work. On December 2, a public health lecture was given in the High School by Dr. Henry L. K. Shaw, director, Division of Child Hygiene, State Department of Health, Albany. The subject was Baby Welfare work and the large attendance of mothers showed that interest and eagerness for information which will help them to keep the babies well. The Association has planned a series of lectures for the coming winter.

Rochester.—THE ROCHESTER GENERAL HOSPITAL opened a medical annex for



communicable diseases on November 11. The buildings were opened for inspection on November 10 to friends and physicians.

GERTRUDE MONTFORT, who has been for two years registrar at the Central Directory, resigned her position in November and is serving as head worker at the Baden Street Settlement in this city. A farewell reception was given Miss Montfort by the Monroe County Registered Nurses' Association and was largely attended.

**Buffalo.**—THE BUFFALO NURSES' ASSOCIATION held its regular meeting at the Club House. A sum of \$25 was donated to the Red Cross to be used for the purchase of anaesthetics and surgical dressings for the soldiers wounded on the field of battle in the present war. Ten dollars was donated to the Buffalo District Nurses for distribution to the sick poor for Christmas. Mrs. Stork and Kate I. Kennedy had charge of the entertainment. Miss Turner was hostess for the day.

THE ALUMNAE ASSOCIATION OF THE BUFFALO HOSPITAL SISTERS OF CHARITY held its regular monthly meeting at the Sisters' Hospital on December 8. It was reported that fifty pounds of candy and several fancy articles were sent by the Association to the Red Cross nurses now serving in Europe. A sum of money was donated for flowers for the hospital on Christmas Day. A sum of money was also donated to the legislative committee of the State Association.

THE ALUMNAE ASSOCIATION OF THE BUFFALO GENERAL HOSPITAL held a sale of fancy articles and baked goods for the benefit of the Association and the Red Cross fund, at the nurses' home on November 24. The booths were in charge of the following women: Mrs. F. F. Fehr, general chairman, fancy booth; Mrs. Kellar and Miss Weaver, baby booth; Mrs. Pchellas, toilet articles. Miss Mowry created much merriment as a living grab bag. Miss Kennedy and Miss Richardson had the fish pond; Miss Bars and Miss Wallace, refreshments; Mrs. Abbott and Miss Twamley, home baked goods; Miss Fenton and Miss Preston, home-made candies; Miss O'Dell, Miss Strange and Miss Rankin, fortune telling. The sale was very successful from a financial point of view and was much enjoyed by all who attended.

#### NORTH DAKOTA

**Bismarck.**—BERTHA ERDMANN, president of the state association, has been spending some time at the Bismarck Hospital. While her ill health prevents her doing very active work, she is constantly endeavoring to think of ways and means to ensure the passage of the bill for registration, which it is hoped will be passed in January.

THE MEMBERS OF THE RED CROSS raised \$62.64 selling home made candy during the week of the Industrial Exposition. This money was sent to the state treasurer for the benefit of the Red Cross relief fund. Annabel Foss, assistant superintendent of the Bismarck Hospital went to Jamestown, N. D., as a delegate from the State Nurses' Association to the State Federation of Women's Clubs.

**Fargo.**—THE BURLEIGH COUNTY NURSES' ASSOCIATION held the annual meeting on November 3. The officers elected were as follows: president, Louise Herman; vice president, Pearl Weed; secretary, Clara Schroeder; treasurer, Emily Anderson. Following the election of officers Miss Foss told of the work of the Federation of Women's Clubs and Miss Froeze and Miss Schroeder gave their account of the meeting of the American Hospital Association which took place in St. Paul in August.



The meeting closed with a discussion of the bill for state registration.

**Grand Forks.**—THE GRAND FORKS COUNTY GRADUATE NURSES' ASSOCIATION held its monthly meeting on November 13 at the Y. W. C. A., with a good attendance. After the business was transacted a committee was appointed to take charge of the sale of the Relief Fund calendars and another of the Red Cross seals. At the close of the business meeting there was a general discussion of current events. On November 3, the Association entertained the graduate nurses of the city. Bertha Erdmann, president of the state association was the guest of honor.

EFFIE KRINGLE, city visiting nurse, has resigned her position. Miss Thorgrimson has been appointed her successor.

#### OHIO

In addition to the report of the Ohio State meeting given in the December JOURNAL, the following items are of interest and value: Miss Samuel gave the president's address, her theme being a plea for better organization, state registration and a universal curriculum for training schools. The report of Miss Gladwin's talk at St. Louis as given in the JOURNAL on Preparation for Further Development in Red Cross Work was read and in the light of the present crisis, was both prophetic and pathetic and showed what a clear vision Miss Gladwin had of the scope of Red Cross work. A letter from Miss Condit of Columbus, written on board ship was read. The report of the membership committee showed that 272 new members had been added to the Association during the year.

At 8 p.m. Tuesday, a reception was given at the Nurses' Home of the Miami Valley Hospital by the Alumnae Association.

On Wednesday morning a session of the Public Health Nursing League was held, Jennie Tuttle of Columbus presiding. Very interesting papers on the various phases of Public Health nursing were read. At the close of this session twenty-one automobiles were in readiness and the members and visitors enjoyed a drive around the City. All were enthusiastic in the praises of the wonderful work of rehabilitation which the citizens had accomplished in a year. Returning from the drive, a dainty luncheon was served by the Graduate Nurses' Association of Dayton and vicinity in the parlors of Christ Church Parish House.

The afternoon session was devoted to the League of Nursing Education, Mary A. Samuel presiding. Laura Logan of Cincinnati, a graduate of Teachers' College, gave a very interesting talk on The Place of the School for Nursing in the University.

The following officers were elected:

Ohio League of Nursing Education, president, Miss Samuel, Cleveland; vice presidents, Harriet Friend, Dayton, Mary Jamieson, Columbus; secretary-treasurer, Miss Steinmetz, Akron.

Ohio State Association, president, Miss Lawson, Akron; vice presidents, Florence Walker, Cleveland, Katherine Mapes, Toledo, Mary Jamieson, Columbus, Norma Sauer, Cincinnati; recording secretary, Mabel Morrison, Toledo; corresponding secretary, Anna Gladwin, Akron; treasurer, Merry C. Echols, with Mary A. Samuel, Cleveland and Jennie Tuttle, Columbus, as presidents of the two other organizations.

Public Health League, president, Jennie Tuttle, Columbus; vice presidents, Miss Kamerer, Miss Cron, Toledo; secretary-treasurer, Miss Gadd.

The nurses of Ohio are much indebted to Harriet Friend and the Alumnae Association of the Miami Valley Hospital and to the Graduate Nurses' Association.

tion of Dayton for their part in making this one of the most profitable conventions ever held by the State Association.

**Toledo.**—THE TOLEDO GRADUATE NURSE ASSOCIATION meeting in November was very well attended. The address of the afternoon was given by Waldo M. Bowman, a pharmacist, his subject being Recent State Legislation and its Effect upon Nurses. The discussion which followed resulted in giving much information on the recent laws affecting the sale of narcotics in the different states.

On December 16 and 17 the association held a bazaar, the proceeds of which were used as the nucleus of a fund for a club and registry for nurses. The alumnae associations of the various hospitals all united in their efforts to make the bazaar a success.

THE ALUMNAE ASSOCIATION OF ROBINWOOD HOSPITAL TRAINING SCHOOL held its monthly meeting December 1 in the parlors of the hospital. There was a good attendance. After the business meeting, a reception was held for the president, Mrs. Harry Galliers, who had been married in November. The Alumnae Association then presented her with a silver tea service.

**Dayton.**—THE GRADUATE NURSES' ASSOCIATION OF DAYTON AND VICINITY met at the nurses' home, November 17. Six new names were added to the membership. A vote of thanks was extended to all who assisted in the entertainment of members of the Ohio State Association in October. All felt the influence of the convention to be an inspiration to better and expanded work during the coming year. It was voted to empower the social committee to expend at its discretion a stipulated sum for flowers, books or other remembrances for sick members. The treasurer reported a surplus of \$240.68, partial pledges to the Flood Prevention and Robb Memorial Funds to be paid from this amount. Mr. Reuben Holmes gave an interesting and instructive talk on How the City Protects the Rights of its Poor. Mr. Holmes is Legal Aid Attorney of the City Welfare Department.

#### OKLAHOMA

THE OKLAHOMA STATE ASSOCIATION OF GRADUATE NURSES held its sixth annual convention at Enid, October 28 and 29, 1914. The morning session of October 28 was devoted largely to reading of reports, etc., and after its adjournment the superintendents of training schools held a meeting which resulted in the organization, later, of an Oklahoma League of Nursing Education. The afternoon was devoted to reading of papers on Detention Nursing, The Nurse's Obligations, Advantages and Disadvantages of a Post-Graduate Course and Recollections of a Visit to Rochester, Minn. In the evening a 6 o'clock dinner was served to all delegates and nurses in attendance, after which Mrs. F. D. Baerly, in behalf of the Association, presented the president, Mrs. Idora Rose Scroggs, with a silver loving cup as a token of appreciation for her efficient, faithful and loving service. At 8 o'clock a paper on Poverty is Social Sickness, Organized Charity its Physician was read, also a paper on Radium in Medicine.

The subjects for Thursday were Private Duty Nursing, The Training at Battle Creek Sanitarium, Care and Feeding of Babies and a general discussion on, Privileges and Obligations of Special Nurses in Hospitals.

Much of the afternoon was used for business, the report of the delegate to the St. Louis meeting and the election of officers which resulted as follows: president, Mrs. Idora Rose Scroggs, Norman; secretary, Mrs. F. D. Baerly, 1423 West 25th St., Oklahoma City; treasurer, Elsie Bickel, Enid. Various musical numbers were rendered throughout the program which were enjoyed by all. Also an auto-

mobile ride, given by the doctors of Enid to places of interest. The Association continues to grow, as does the number of registered nurses in the state.

THE STATE BOARD EXAMINATION held on October 26 and 27 presented the following questions.

*Surgical Nursing.*—(1) a. Give preparation of patient 24 hours before any major operation. b. Give some of the necessary precautions to be taken just before patient goes on the operating table. (2) a. Give method of preparing room in private home 12 to 24 hours before major operation. b. Give method of preparing same in an emergency. (3) Give symptoms of hemorrhage. (4) Name three varieties of hemorrhage and how to distinguish each. (5) How would you cleanse your hands before doing a surgical dressing? (6) What symptoms following an abdominal operation would indicate peritonitis? (7) a. Give reasons for examining the patients' urine before operation. b. Give reasons for examining the urine after operation. (8) Why is Fowler's position (or upright) sometimes ordered? (9) What is hypodermoclysis and what precautions would you employ in administering the same? (10) What do you understand by sterilization and how would you prepare sterile dressings in a private home?

*Bacteriology and Hygiene.*—(1) How may infection reach a wound? (2) How are disease germs thrown off in the following diseases: a, diphtheria; b, typhoid fever; c, tetanus; d, tuberculosis; e, yellow-fever. (3) What are the most effective means of destroying germs? (4) What is the difference between contagion and infection? (5) How would you isolate and disinfect in contagious diseases, under the following heads: a, the physician; b, the patient; c, the nurse; d, excreta; e, dishes used by patient. (6) Why is deep breathing important? (7) Why is bathing so important to health? (8) Outline hygienic care of tuberculosis. (9) At what temperature would you keep a sick room? (10) What are the beneficial effects of sunlight?

*Gynecology.*—(1) Describe the preparation of patient for an abdominal section. (2) Name organs contained in a female pelvic cavity. (3) Define: a, salpingitis; b, curetage; c, ovariectomy; d, hysterectomy. (4) Of what use are douches? Name several solutions used in giving douches. (5) What is ectopic gestation? Why is it so dangerous? (6) What is meant by a digital examination and how would you prepare for it? (7) What is meant by puberty and menopause? (8) When nursing gonorrheal patients what personal care should a nurse take? (9) Name positions used in operating on gynecological patients. (10) Name solutions used when irrigating the bladder. (11) Define: amenorrhea, dysmenorrhea.

*Obstetrics.*—(1) Define: a, meconium; b, colostrum; c, Wharton's jelly; d, amniotic fluid; e, vernix caseosa. (2) Describe: a, placenta—its use. b, How should the uterus appear and feel after delivery? (3) Define: puerperal sepsis, give causes and symptoms of sepsis. (4) Describe care of patient before and after labor. (5) Give the cause and care of eclampsia. (6) What would you do should your patient have a post-partum hemorrhage and you were alone with her? (7) Give treatment of infant's eyes, swollen breasts, care of cord. (8) What care would you give premature infants? What care is given an infant the first week of its life? (9) How often would you put an infant to the breast during the first week? (10) How long should it nurse? (11) What is the difference between the terms abortion, miscarriage, premature labor?

*Ethics.*—(1) What do you understand by nursing ethics? (2) What obligation do you consider you owe to the school which made it possible for you to become a graduate or registered nurse? (3) If the family became dissatisfied with

the attending physician on a case and another being employed, what would you consider to be your duty in the case? (4) What do you understand by loyalty to your physician? (5) Name one rule, if followed in every instance, would simplify nursing ethics.

*Dietetics.*—(1) Name the different classes into which foods may be divided. (2) Classify: a, sugar; b, butter; c, milk; d, eggs. (3) What would you include in a a, liquid diet? b, soft diet? (4) What are the chief ingredients in fruits? (5) Give list of tissue building foods. (6) What disease is usually given a carbohydrate free diet? (7) How would you make beef tea? (8) What would you include in a diet for a patient suffering from Bright's disease? (9) Give one method of predigesting milk. (10) How ought beef, chicken and fish to appear when in a healthy condition?

*Medical Nursing and Urinalysis.*—(1) Define: a, edema; b, coma; c, emesis; d, epistaxis; e, rigor. (2) What are objective symptoms? subjective? (3) Give three examples, stating when each is used: a, enemata; b, baths. (4) How would you make a fracture bed? (5) What are frequent complications of: a, typhoid fever; b, pneumonia; c, tuberculosis; d, Give nursing care in detail in case of erysipelas. (6) What particulars should be noticed in examination of urine? (7) Give test for a, albumen; b, sugar. (8) What is the average capacity of the adult bladder? (9) Define: nephritis, polyuria, dysuria, anuria haematuria. (10) What is a urinometer?

*Contagious and Children's Diseases.*—(1) What are the most common complications of scarlet-fever and diphtheria? (2) Name the most common contagious diseases. (3) When releasing a scarlet-fever patient from quarantine, how would you proceed with the a, patient; b, yourself; c, room. (4) How are the following diseases transmitted: diphtheria, measles, whooping-cough, chicken-pox. (5) What is the period of incubation in: a, mumps; b, measles; c, chicken-pox; d, scarlet-fever; e, diphtheria. (6) State in detail how you would give a baby a bath. (7) What are the general causes of adenoids, symptoms? (8) What do you understand by pediatrics? (9) How would you care for a baby with diarrhoea, pneumonia? (10) How would you give a child from 2 to 5 years of age an enema?

*Materia Medica.*—(1) Define: a, materia medica; b, therapeutics. (2) a. What are solutions? b. What is a saturated solution? c. What are anesthetics? (3) Give the adult dose of the following drugs: hyoscin, strychnin, morphine, digitalis, nitroglycerin. (4) Why is it necessary for a nurse to know the physiological action of a drug? (5) a. What is an emetic? b. Name two emetics. (6) a. For what purpose is digitalis given in therapeutics? b. Is it a good emergency heart stimulant? (7) a. Name three vegetable purgatives. b. Name two purgative oils? (8) What is opium? What are its two most important alkaloids? (9) a. What is ergot? b. How does it act in moderate doses? c. In large doses? d. What may occur after long-continued use of ergot? (10) How should iron be given in relation to food?

*Anatomy and Physiology.*—(1) Define: a. anatomy; b. what is osteology? (2) a. What constitutes the skeleton? b. Of how many bones does the adult skeleton consist? (3) Name the two forms of bony tissue: how are bones classified according to their shape? (4) Locate: liver, spleen, kidneys, aorta. (5) Name two general classes of muscles and give example of each. (6) Define: physiology, function. (7) a. Describe the periosteum. b. What are its functions? (8) a. Where is the stomach situated? b. Describe the size and shape of the

stomach. c. What two membranes line the stomach? d. How many openings has the stomach? (9) a. What is bile? b. State the origin and function of bile. (10) a. What is the office of the excretory system? b. Name the organs of the excretory system. c. Name the urinary organs.

## PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will hold examinations in Philadelphia during April, June and October, 1915; in Pittsburgh, during June and October, 1915; in these and other cities as the number of applicants justifies. Full information can be obtained upon application to the secretary, Dr. Albert E. Blackburn, 3813 Powelton Avenue, Philadelphia.

**Philadelphia.**—THE TRAINING SCHOOL OF THE PRESBYTERIAN HOSPITAL celebrated its twenty-fifth anniversary on October 29 by a dinner at the Hotel Rittenhouse, given in honor of Miss Milne, who has held the position of directress for the past eighteen years. One hundred guests were present. Miss Dunlop, superintendent of nurses of the Pennsylvania Hospital, performed the duties of toast-mistress with great charm. There were representatives and a speaker from each class, with speeches made by specially invited guests from the Board of Trustees, the Medical Staff, the Ladies Aid Society and nursing organizations of the state and city. Many members came from out of town, making the occasion a real reunion and a happy event which will long be remembered. A pleasing feature of the evening was the presentation of a diamond brooch to Miss Milne by the graduates of the school. It was also announced that the Endowment Fund, which as a commemoration of the anniversary, was to be increased by \$5000, has realized its first thousand in the short period of four months.

THE ALUMNAE ASSOCIATION OF THE GERMANTOWN HOSPITAL held its annual meeting on November 7. The result of the election of officers was as follows: president, Gertrude Smith; vice president, Dora Warner; secretary, Margaret Millington; treasurer, Wilhelmina Zitman; directors, Elsie Wise, Theta Deugher and Florence King.

**South Bethlehem.**—ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION held a meeting on October 17, at the nurses' home. Many members were present to welcome their former superintendent, Victoria White, and her assistant, Marie S. Brown. Both Miss White and Miss Brown are returning to the school after a few years' absence. Miss Brown was re-elected treasurer of the Alumnae Bed Fund and has begun active work toward raising the required amount to complete the fund. Officers were elected as follows: president, I. C. Flickinger; vice president, I. Van Buskirk; secretary, Helen D. McDaniels. The members of the class of 1914 were elected members of the Association. A reception was held in the nurses' home after the meeting. Graduation exercises were held on this date when five nurses received their medals and diplomas. Seneca Egbert, M.D., of the Medico-Chirurgical college, delivered the address to the class.

**York.**—THE YORK HOSPITAL AND DISPENSARY was the scene of a reception and dance given by the pupils in the training school on Thanksgiving evening, in the nurses' home.

**Pittsburg.**—THE ALUMNAE ASSOCIATION OF THE PITTSBURG TRAINING SCHOOL FOR NURSES held the regular meeting at the dormitory on December 3. Dr. S. M. Rinehart gave a most instructive and interesting talk on Tuberculosis. He stated that while the state strived to cure all cases, its main effort was to prevent



it, and its final conquest would come after a long, hard fight. After the address the business meeting was held. Miss Warwick who has charge of the sale of the fifty calendars ordered for the Relief Fund reported that they were nearly all sold. Miss Griswold reported nearly two hundred dollars in the Graduate Nurses' Fund. This fund was started by circular letters sent to the graduate nurses of Pittsburg asking them to collect money to purchase surgical supplies for the soldiers in Europe. Part of the money has been spent for gauze and bandaging material which was made up for use by the nurses and others and one hundred dollars was expended for anaesthetics which were shipped to the American Red Cross in Brooklyn. The work will be continued during the winter.

THE NURSES OF THE PITTSBURG TRAINING SCHOOL FOR NURSES in connection with the Homeopathic Hospital, held a bazaar on December 10, for the benefit of the charity wards of the hospital, under the direction of the class of 1915. One thousand dollars was cleared in addition to a check for \$1000, making a total of \$2000.

#### RHODE ISLAND

**Providence.**—THE RHODE ISLAND HOSPITAL NURSES CLUB met at the George Ide Chace Home for Nurses on December 1. Dr. J. F. Grant, representative of the Department of Experimental Medicine of the Parke, Davis Company, Boston, addressed the Club on The Preparation and Therapeutics of Serum and Vaccines. Dr. Grant told of the process from the selection and care of the animals to the finished product.

#### SOUTH CAROLINA

**Columbia.**—Virginia M. Gibbs has resigned her position as secretary of the State Nurses' Association and will take up Red Cross Town and Country Nursing in Indiana. Fanny C. Boulware of Laurens has been appointed to complete the unexpired term.

#### TENNESSEE

**Knoxville.**—THE EAST TENNESSEE GRADUATE NURSES' ASSOCIATION met at its rooms on November 18. Miss Jackson tendered her resignation as secretary, which was accepted. Anna B. Carson was unanimously elected to succeed her. The application for membership of the Chattanooga Graduate Nurses' Association was cordially received and the vote for election unanimous. An article relative to Miss McIsaac's work and death was read by Miss Garrison. Eight new applications were presented by the executive committee for election at the December meeting. Several of the nurses are availing themselves of the opportunity for post graduate work during the dull season, among them Miss Grindstaff, Miss Holloway and Miss Haynes.

#### TEXAS

**Dallas.**—Laura Pair, a registered nurse, has been employed by the Board of Education of the city as visiting nurse in the public schools.

#### VIRGINIA

THE VIRGINIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examination for the registration of applicants at the Medical College, Twelfth and Clay Streets, Richmond, on Wednesday, Thursday and Friday,



January 20, 21 and 22, 1915, beginning at 9 a.m. Applications with the fee of five dollars must be filed with the secretary not later than January 10, 1915. For further information apply to the secretary, Julia Mellichampe, 720 Redgate Avenue, Norfolk, Virginia.

## WASHINGTON

**Tacoma.**—THE GRADUATE NURSES ASSOCIATION OF PIERCE COUNTY held a meeting in the Tacoma Hotel on December 7, with a very good attendance of members and two visitors present. Mrs. Cummings reported that the Tuberculosis Hospital is nearly completed. An excellent address was given on Nursing Ethics by Dr. H. J. Whitacre, a well known physician of this city. A letter was read from Mrs. C. S. Bowie, chairman of the Traveller's Aid and Protective Work, connected with the Y. W. C. A., which expressed the wish that the Nurses' Association would renew its subscription to help in the work of 1915 in protecting girls. It was decided that the annual subscription to this work be renewed. Dr. Wall, City Health officer, sent a letter of thanks to the nurses who attended the city council meeting in the interest of tuberculin tested milk. Under unfinished business each member present was asked her opinion as to whether typhoid fever could be classed with contagious diseases. The question was then put to vote and it was decided that it should not be placed on the list of contagious diseases. A communication was read from the AMERICAN JOURNAL OF NURSING giving the club rates for the magazine.

## WISCONSIN

**Milwaukee.**—THE MILWAUKEE COUNTY NURSES' ASSOCIATION held its monthly meeting on November 10, at Gimbel's Tea Room, thirty members and twenty-nine visitors being present. At the close of the business meeting Dr. Walter G. Darling gave an interesting talk on The Obstetric Nurse, emphasizing the need of special training and also greater remuneration on the ground that she has two patients and strenuous work. Dr. Darling was asked to tell about the Twilight Sleep. In telling of his experience with Dr. De Lee of Chicago he said that they had planned to conduct the "Twilight Sleep" treatment with one hundred patients but after treating seven cases they decided that it was too dangerous for both mother and child. In speaking of the pictures in magazines of smiling babies born by this method he said that science demands more than a few instances; it demands the pictures of all, with records of all the cases and a thorough investigation. The Relief Fund Calendars were for sale, also Red Cross Christmas seals for the Wisconsin Anti-Tuberculosis Association. Twenty-seven calendars were sold and \$10.75 worth of Red Cross seals.

## BIRTHS

On November 7, at Oglesby, Ill., a son, to Dr. and Mrs. E. F. Cox. Mrs. Cox was Katherine Hebel, class of 1909, West Side Hospital, Chicago.

On November 21, at New Orleans, La., a son, to Mr. and Mrs. John Adams Taylor. Mrs. Taylor was Mary Marshall Dupuy, class of 1910, Presbyterian Hospital, Philadelphia.

On October 12, at Houghton, Michigan, a daughter, to Mr. and Mrs. Charles W. Atkins. Mrs. Atkins was Ella Young, class of 1909, University Hospital, Ann Arbor.

On October 27, at Chinook, Montana, a son, to Mr. and Mrs. Carter Van Epps. Mrs. Van Epps was Hetty Miller, class of 1902, Rockford Hospital, Rockford, Ill.

On November 17, at Green Bay, Wisconsin, a son, to Mr. and Mrs. C. W. Dieman. Mrs. Dieman was Caroline Hart, class of 1910, Chicago Hospital Training School.

#### MARRIAGES

On October 7, at El Centro, California, Anna B. LeFevre, class of 1907, Presbyterian Hospital, Philadelphia, to William Stancel.

On September 9, Martha E. Gilpatrick, class of 1910, Boston City Hospital, to John Mark Henry Lennon, M.D. Dr. and Mrs. Lennon will live in Kearsage, New Hampshire.

On November 2, Florence Maxwell, class of 1899, Samaritan Hospital Training School, Sioux City, Iowa, to Alvin Gentry. Mr. and Mrs. Gentry will live in Los Angeles.

On October 23, at Lowell, Massachusetts, Alice Molony, class of 1914, State Infirmary, Tewksbury, to William L. Crowley.

On October 14, at Lowell, Massachusetts, Alice Marie Sweeney, class of 1903, State Infirmary, Tewksbury, to Mando Earle Augusta, of Jamaica Plain, Massachusetts.

On September 19, at Hyannis, Massachusetts, Lottie B. Swain, class of 1911, State Infirmary, Tewksbury, to Albert Crowell Hallett.

On October 22, at Little Sands, P. E. I., Margaret E. McNeil, class of 1911, State Infirmary, Tewksbury, to Roderick McLeod.

On September 9, at Lowell, Massachusetts, Eleanor Nicholls, class of 1913, State Infirmary, Tewksbury, to Ernest Dewing.

On August 27, at Lowell, Massachusetts, Grace Green, class of 1913, State Infirmary, Tewksbury, to James Bray.

In November, Miss C. C. Keeler, to J. J. Seerley, M.D. Dr. and Mrs. Seerley will live in Burlington, Iowa.

Recently, Nellie Brown, graduate of Mercy Hospital, Davenport, Iowa, to Frank Gustafson. Mr. and Mrs. Gustafson will live in Woodhull, Illinois.

On November 9, Kathryn C. Ulmer, class of 1912, York Hospital, York, Pennsylvania, to Grant L. Ashmore. Mr. and Mrs. Ashmore will live in Oak Grove, Delaware.

Recently, at York, Pennsylvania, Grace E. Frey, class of 1913, York Hospital, to Gorman Blasser. Mr. and Mrs. Blasser will live in Parkview, Pennsylvania.

On November 19, at the Nurses' Club, Detroit, Anna L. Rieman, class of 1895, Farrand Training School, Harper Hospital, to Frank E. Lathrop.

On October 19, Dorothy Ray, class of 1910, Illinois Training School for Nurses, to Harry Dook, of Dawson, Yukon Territory.

On November 26, Margery Erisman, class of 1912, Illinois Training School for Nurses, to Herbert W. Gray, M.D. Dr. and Mrs. Gray will live in Chicago.

On November 4, at Wheaton, Illinois, Louise Loehlin, class of 1893, Illinois Training School for Nurses, to Warren L. Wheaton. Mr. and Mrs. Wheaton will live in Battle Creek, Michigan.

On November 23, in Denver, Colorado, Alice Johnson, graduate of the University of Boulder, to William Green. Mr. and Mrs. Green will live in Steamboat Springs, Colorado.

In December, at Colorado Springs, Mrs. Naomi Canning, Mercy Hospital, Denver, to Mr. W. O. Bartlett.

On September 10, at Philadelphia, Pennsylvania, Bertha Gardner, class of 1912, Germantown Hospital, Philadelphia, to Eugene L. Shute.

On October 31, at Philadelphia, Charlotte V. Beck, class of 1905, Germantown Hospital, to Harry E. Hirst. Mr. and Mrs. Hirst will live in Philadelphia.

On November 25, at Portland, Oregon, Helen Sibel, class of 1913, Germantown Hospital, to Garrett Lee Hynson, M.D. Dr. and Mrs. Hynson will live in Portland.

On November 17, at Omaha, Nebraska, Margaret Wilson Muir, class of 1911, Wise Memorial Hospital, to Alonzo E. Mack, M.D. Dr. and Mrs. Mack will live in Omaha.

On November 28, at New Haven, Connecticut, Ida J. Downs, graduate of the Connecticut Training School, to Percival L. Lewis. Mr. and Mrs. Lewis will live in New Haven.

On November 23, at Plentywood, Montana, Mary Elizabeth Clarke, graduate of the General Hospital, La Crosse, Wisconsin, to J. Harry Browning, M.D. Dr. and Mrs. Browning will live in Emerson, Manitoba.

On September 15, at Anamoose, North Dakota, Ora Burrell, graduate of St. John's Hospital, Fargo, North Dakota, to Jack Karkhan, M.D. Dr. and Mrs. Karkhan will live in Anamoose.

On October 8, Mamie Johnson, graduate of St. John's Hospital, Fargo, North Dakota, to Alden Pearson.

#### DEATHS

On September 24, at Central Maine General Hospital, Lewiston, Maine, Eleanor Whitney.

On November 16, at Galesburg, Illinois, Clara Rambo, class of 1900, Galesburg Hospital Training School. In her death the nursing profession of Galesburg as well as of Illinois has lost a valuable member. During the fifteen years of private duty work Miss Rambo had endeared herself to a host of people. No nurse has done more to raise the standard of the nursing profession in this part of the country than Miss Rambo. She was thoroughly efficient, ethical, and just and generous in her praise of others. A life of such service will be an inspiration to her friends. She would not want them to mourn her but to go faithfully and hopefully on doing the duties of each day.

On October 6, at the Baptist Sanitarium, Houston, Texas, after an illness of two months, Laura Endicott, class of 1912, of that school. The Graduate Nurses' Association of Houston has lost one of its best nurses. Miss Endicott was patient and untiring in her work which she loved. Her Christian character was an example to other nurses as was her thorough work.

On September 27, at the Good Samaritan Hospital, Cincinnati, Ohio, following an operation, Marguerite Gainey, class of 1911, of that training school. Miss Gainey was a faithful worker and a most self-sacrificing nurse. She was loved by all and will be missed by her many friends.

On December 1, at New York City, Mrs. Ada L. Willard, class of 1887, Bellevue Training School for Nurses.

On November 18, at Rockford Hospital, Illinois, of pneumonia, Bertha McKinley, class of 1896. Miss McKinley was one of the pioneer nurses of the city and is said to have done more charity work than any other nurse in the city. She was faithful and devoted to her work. Her funeral, held at the Court Street Methodist Church, was attended by a large number of nurses.

On September 5, Mrs. Una B. Scott, Nurses' Alumnae Association of the Samaritan Hospital, Philadelphia. In her death the Association loses a valued member and a faithful nurse.

On December 9, at the Presbyterian Hospital, in Chicago, Lena May Mullens, of Natchez, Mississippi, following an operation for mastoid trouble. Miss Mullens graduated from the Mississippi State Charity Hospital at Vicksburg in 1907 and has since practised as a private duty nurse in her home town and vicinity. She was widely known and greatly beloved among all classes of people; fulfilled faithfully every duty of her profession and occupied a large place in the life of the community. She was recently elected treasurer of her state association of which she was a valuable member. The local nurses association has also lost in her a most earnest worker, she being president at the time of her death. All who knew her will miss her cheerful presence and sympathetic ministrations.

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#### TOO LATE FOR CLASSIFICATION

The annual meeting of the American Journal of Nursing Company will be held at the office of the corporation, 52 East 34th Street, New York City, on Thursday, January 21, at 2 p.m., for the election of directors and such other business as may properly come before such meeting.

MINNIE H. AHRENS, *Secretary*.

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

**A MEDICAL DICTIONARY FOR NURSES:** Giving the Definition, Pronunciation, and Derivation of Terms Used in Medicine, together with Supplementary Tables of Weights, Measures, Chemical Symbols, etc., Arranged with Special Reference to Use by Nurses. By Amy Elizabeth Pope, Graduate of the School of Nursing of the Presbyterian Hospital, in the City of New York; Special Diploma in Education from Teachers College, Columbia University, New York; Formerly Instructor in the School of Nursing, Presbyterian Hospital; Instructor in School of Nursing, St. Luke's Hospital, San Francisco, Cal. Author of "Essentials of Dietetics," "Quiz Book of Nursing," "Anatomy and Physiology for Nurses," and, with Anna Maxwell, of "Practical Nursing." Published by G. P. Putnam, 2-4-6 West 46th St., New York. Price \$1.

Miss Pope's name on the title page of any book on nursing is a guarantee of its merits. The present volume takes its place with the best that she has furnished heretofore. To no other writer for nurses can be ascribed the wonderfully nice power of selection found here. Nothing is omitted that the nurse pupil might have occasion to look up, and in the fewest possible words she will find all that is vital to any given subject. The word *bath* is followed by about 1300 words or two pages, the greatest amount of space accorded to a single word; but there remains little to be said on the subject that has not been included in those two pages. It is more than a dictionary; containing the digest of most extensive reading.

Words signifying chemical compounds are followed by their symbols: dextrose, ( $C_6H_{12}O_6$ ). Words derived from other languages have their roots: "dextrose, (Lat. dexter=right)" and where there is some fragment of information calculated to fix itself permanently in the pupil's mind, space is not grudged for it: "Dextrose was so called because it turns polarized light to the right." The dictionary is uniform with the other Pope books in business-like blue linen binding and gives a great deal for its price of one dollar.

**ANATOMY AND PHYSIOLOGY.** A Text Book for Nurses. By John Forsyth Little, M.D., Assistant Demonstrator of Anatomy, Jefferson Medical College, Philadelphia. Illustrated with 149 engravings and 4 plates. Lea and Febiger, Philadelphia and New York. Price \$1.75.

The anatomy and physiology of the human body and a system of teaching the same by means of questions following each chapter, reduces the problem of teaching a very big subject to the simplest form compatible with accuracy and intelligence. That Dr. Little is a teacher *par excellence* is evident on every page of the book. He is determined that the subject shall be absorbed by the student and that the structure, composition, and function of the human body shall become so familiar to him or her that they can no more easily be forgotten than the simple and less complex lessons. It will be found a great help to teachers as well as students.

**PATHOLOGY—GENERAL AND SPECIAL.** A Manual For Students and Practitioners. By John Stenhouse, M.A., B.Sc. (Edin.), M.B., Toronto; Formerly Demonstrator of Pathology, University of Toronto. Second Edition. Illustrated with 29 engravings and 1 colored plate. Lea and Febiger, Philadelphia and New York.

This book, which has been reviewed earlier in these pages, under the joint authorship of Ferguson and Stenhouse, has been rewritten and enlarged by Dr. Stenhouse, who now assumes responsibility for the entire volume. The new edition includes "A Selected List of State Board Examination Questions." It does not materially differ from the earlier edition in matter or form and, like its predecessor, is intended to give a comprehensive outline of pathology for the use of students and others who may need the condensed information in such form as will serve best for the concise answers to examination questions.



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